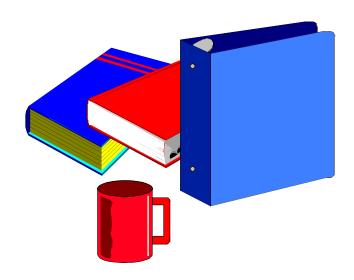**Direct Support Professional Training**
Year 2

Teacher's Resource Guide

Session #1

Supporting Choice: Identifying Preferences

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	**Introduction and Supporting Choice: Identifying Preferences**	**3 hours**
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Session:	1
Topic:	Supporting Choice: Identifying Preferences

Core Objectives: Upon completion of this session, the DSP should be able to:

1. Demonstrate respect for the individual
2. Demonstrate support for individual choice making
3. Demonstrate strategies to encourage and develop individual confidence
4. Demonstrate the ability to assess and teach individual choice-making skills

Time:

Registration, Distribution of Materials and Introduction to Year 2	50 minutes
Key Words	5 minutes
Everything You Wanted to Know About DSPs	5 minutes
Discussion and Practice Activity on Importance of Choice Making	15 minutes
Discussion, Demonstration and Practice Assessing Choice-Making Skills and Providing Choices	25 minutes
BREAK	15 minutes
Discussion, Demonstration and Practice Assessing Choice-Making Skills and Providing Choices (continued)	10 minutes
Discussion and Demonstration of Special Considerations When Assessing Choice Making and Providing Choices	15 minutes
Discussion and Practice Identifying When to Give Choices During the Day	15 minutes
Discussion on Supporting Individuals in Making Choices for Major Lifestyle Changes	5 minutes
Optional Activity and Discussion	10 minutes
Practice Questions	5 minutes
Ending the Session	5 minutes
Total Time	180 minutes

Materials:
- Overhead Projector or LCD Projector with compatible laptop computer and Powerpoint application;
- Hard copy of overheads or disk with Powerpoint presentation;
- Some blank overheads, a flipchart, or chalkboard with markers, chalk, etc.;
- *Resource Guide* for all class participants; and
- Leisure materials for providing choices during demonstrations (e.g., magazines, radio, video game).

Preparation

Instructor should read over the presentation outline, becoming thoroughly familiar with the information and instructions for the presentation. The information could be presented verbatim or paraphrased, as long as the essential information is conveyed.

Registration, Distribution of Materials and Introduction

Say

Welcome to Session 1 of Year 2 Direct Support Professional Training Series.

(**Note:** Provide a brief introduction of who you are and your background.)

Some of you completed Year 1 and know how the class sessions work, but others of you are new. So, we'll review some of that information.

Before we start, please introduce yourselves by giving us your name, where you are working and something that you really like about your job.

Will anyone volunteer to start?

Do

As participants introduce themselves and mention something positive about their job,

Your Presentation Notes

summarize those statements in a few words on flip chart paper (or overhead transparency). Make ✔ **check marks** next to words mentioned more than once.

Do

Scan through the statements and make comments about any trends or similarities, for example, "how many of you feel the same way," or "does this surprise you."

Say

I hope that you all see the importance of the job of the Direct Support Professional and the positive contribution you make through your jobs.

Say

Now that we've introduced ourselves and have an idea of the things you like about your job, let's talk a bit about this series of classes and why you're here.

This is a 35-hour training with 11 class sessions. Sessions 1-11 are 3 hours long and the last session is two hours. The last class or session #12 will be an assessment of the information and skills you have learned.

Say

Year 1 training included sessions on communication, health, positive behavior support, teaching strategies, rights and responsibilities, daily living, and recreation.

Your Presentation Notes

Do

Show overhead #1

Say

This year's training has some of the same themes. The sessions are:

> Supporting Choice
> Person-Centered Planning and Services,
>   (2 sessions)
> Communication, Problem-Solving and
>   Conflict Resolution
> Positive Behavior Support (2 sessions)
> Teaching Strategies (2 sessions)
> Supporting Quality Life Transitions
> Wellness (2 sessions)
> Assessment
> #Sessions: 12   #Hours: 35

Say

(**Note:** As you explain the outline of the guide, you might want to hold one up and briefly describe each section of one of the sessions.)

Your *Resource Guide* provides you with an outline of the presentation for each of the 11 sessions, keys words you should know, some practice questions to help you prepare for the assessment during session 12, additional readings if you want to learn more, activities, and copies of all the overheads with a place for your notes. You will also see sentences in **bold print** in the *Information Briefs* which show you the most important parts of each session. In the right hand column of each page is a place that you can take notes while you're reading.

Your Presentation Notes

**DSP Year 2
Class Sessions**

- Supporting Choice
- Communication
- Person-Centered Planning and Services (2 sessions)
- Positive Behavior Support (2 sessions)
- Teaching Strategies (2 sessions)
- Supporting Quality Life Transitions
- Wellness (2 sessions)
- Assessment
- Total Sessions: 12
  Total Hours: 35

Session #1, Overhead 1

Do
Show overhead #2

Say
In this first session, we will be talking about supporting choice and identifying individual preferences which are often referred to as likes and dislikes.
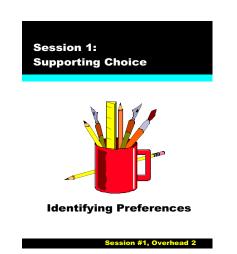
Key Words

Do
Show overhead #3

Say
At the beginning of each class, we will look at some key words. Understanding the key words and answering the practice questions for each session, will help you do well on the assessment. You will find definitions of the key words at the end of each session and a complete dictionary of all key words in Session #12 of your *Resource Guide.* Let's look at those key words.

Our review words for today's session (refer to page number in resource guide) are:

- Direct Support Professional
- Choice
- Likes and dislikes
- Choice-making skills

Your Presentation Notes

Session 1:
Supporting Choice

Identifying Preferences

Session #1, Overhead 2

Key Words

- Direct Support Professional
- Choice
- Likes and Dislikes
- Choice-making Skills
- Choice Opportunities
- Approach Behavior
- Avoidance Behavior
- Teaching Choice-making
- Person-Centered

Session #1, Overhead 3

- Choice opportunities
- Approach behavior
- Avoidance behavior
- Teaching choice-making
- Person-centered

Remember, you can find the definitions of these words towards the end of the *Guide* for this session and in the *Guide* for Session #12.

Throughout this session, we will talk about the key words, what they mean and how they apply to your job as a DSP!

Everything You Always Wanted to Know About DSPs

Say
Before we go any further, some of you might be asking yourself, what is a Direct Support Professional or DSP. Does anyone know?

Do
Show overhead #4

Say
A Direct Support Professional (DSP) is someone who works with and supports people with disabilities in the places they live and work.

Direct care staff like you, in licensed homes, day programs, supported or independent

Your Presentation Notes

What is a DSP?

A Direct Support Professional (or DSP) is someone who:
- works with people with disabilities in the places like -
  - licensed homes
  - day programs
  - supported or independent living
  - employment sites

Session #1, Overhead 4

living, and work sites are Direct Support Professionals or DSPs.

Do
Show overhead #5

Say
A DSP supports and assists people in:

- making choices;

- contributing to the community;

- having the best possible health; and

- exercising their rights and responsibilities.

A DSP also helps to encourage others to support people with developmental disabilities as neighbors, friends, and co-workers.

The DSP plays a very important role in the lives of the people they support. For this first session, we'll be talking about the your role in supporting and assisting people in making choices.

Your Presentation Notes

What does a DSP do?

- **Assists and supports people in:**
  - **making choices**
  - **contributing to the community**
  - **best possible health**
  - **exercising rights and responsibilities**
- **Encourages others to support people as well**

Session #1, Overhead 5

The Importance of Choice Making

Do

Ask the participants to list on a piece of paper all the choices that made up their daily routine between waking up this morning and now. If participants have trouble getting started, give them a few examples (e.g., what time to get up, what to eat for breakfast, whether to have breakfast or not, what route to take to work). Allow about 2 minutes for the participants to quickly list choices they made.

Next ask how many participants listed more than 3 choices . . . more than 5 choices . . . more than 10 choices? Then ask the participants to think what their lives would be like if they were unable to make any of the choices they listed. Ask if someone else decided for them when to get up, what to eat for breakfast, when they had breakfast, etc. Would this affect their enjoyment of life?

Say

Having choice means having control and confidence in our lives. Typically, the more control we have over our lives, the more enjoyable our lives become. Choice is important in this way for all people — whether they have disabilities or not.

Your Presentation Notes

IMPORTANT NOTE

Before you start *The Importance of Choice Making*, please mention the following to your class:

Throughout our eleven sessions, we will practice using role play. You may find the practice uncomfortable at first. After several practice sessions, you will become more comfortable with the activities.

When you are playing the role of an individual with disabilities, remember that the purpose is to give you a chance to practice in situations that are as realistic as possible. In no way are the role play activities meant to demean or show disrespect for individuals with disabilities. The activities are only to create as real a situation as possible in order to learn the skills of teaching a new task.

Do
Show overhead #6

Say

There are many ways that making choices is important for the individuals with disabilities with whom we work. However, the most important way is that making choices during one's day-to-day activities increases one's daily enjoyment. The opportunity to make choices allows one to do what one likes — to experience preferred items and events. All of our lives are more enjoyable if we are doing things we like to do.

Do
Show overhead #7

Say

Here are some other ways that making choices is important. First, **making choices increases an individual's participation in important activities** such as work duties, leisure activities, daily routines and school events. Research has shown over and over that people are much more likely to take part in activities if they choose or otherwise like the activities. If someone else chooses the activities, people are not as eager to take part.

Ask

Do you have an example of an activity that you do and would prefer not to do if you had a choice?

Your Presentation Notes

Life Enjoyment

The most important reason for supporting individuals with disabilities in making choices is:

Making choices increases life enjoyment!

Session #1, Overhead 6

Why is it Important?

Making choices:
- increases participation in activities
- identifies reinforcers for teaching
- reduces challenging behaviors

Session #1, Overhead 7

(If no one comes up with anything, you might mention, taking out the garbage, doing the dishes.)

How does that affect how well you do it?

What if you had no choices at all? How would that affect your attitude? Would you want to participate?

Say
Making choices is also important because it helps us identify reinforcers that can be used in teaching. This will help make learning new skills easier and more fun.

There is a third reason that making choices is important for people with disabilities. **Making choices will reduce challenging behaviors.** For example, people usually do not have challenging behavior when they are enjoying themselves, and making choices helps people to enjoy themselves. In fact, making frequent choices is one of the most important parts of a positive behavior support approach to preventing challenging behavior.

Your Presentation Notes

Do

Show overhead #8

Say

Most of us take choices for granted. We often make the types of choices you listed earlier without even thinking about them. For people with disabilities, and especially people with more severe disabilities, making choices cannot be taken for granted. We cannot assume that people with disabilities are making choices on a regular basis. Surveys and observations have shown that many people with disabilities make very few choices in their lives. We will talk about why people with disabilities often make few choices a little bit later. It is important to understand it is our job to support individuals with whom we work in making many choices during their everyday routines.

Assessing Choice-Making Skills and Providing Choices

Say

To support individuals with disabilities in making meaningful choices, we must provide choice opportunities in a way that individuals can understand. One of the main reasons that people with disabilities do not make many choices is that sometimes DSPs do not provide opportunities to make choices (we

Your Presentation Notes

Taken for Granted

While most people without disabilities take choice making for granted, people with disabilities often have very few choice-making opportunities.

Session #1, Overhead 8

will use the term *choice opportunities* in this curriculum) in a way that individuals with disabilities can respond with a meaningful choice.

In order to support people with disabilities in responding to a choice opportunity, *how* we provide a choice must be based on an individual's choice-making skills. Just like all of us, individuals with whom we work have different skills for making choices.

Do
Show overhead #9

Say
This figure shows different ways choices can be made. The way we give a choice opportunity should be based on the way that an individual can respond and make a choice.

Some individuals have the skills to make a choice by answering a question such as "What do you want?". This is shown on the left side of the scale. We call this a "hard" choice because a lot of communication and related skills are needed to be able to make a choice in this manner. For people who can respond to this type of question, our job is to make sure we provide such a choice many times during the daily routine. Also, for individuals who can respond to this type of

Your Presentation Notes

Ways of Making Choices

Ways of Providing Choices

Difficulty of Choice Making

Harder   Easier
>--->

vocal choice   vocal choice   2-item choice   1-item choice   2-item choice
(open-ended)   (naming items)   with pictures   with objects

Session #1, Overhead 9

choice situation, we usually provide choices with other questions throughout the day, such as by asking "What would you like to do?", "What do you want to do now?", etc.

Do

Ask participants to give some "real life" examples of "hard" choices they have experienced.

Say

Again, the point is that for people who have good verbal skills, we must take the time to ask what they would like as often as possible every day. Of course, sometimes *what* we can offer as a choice is going to be limited by the resources and time we have at hand. **We must make sure that when we offer a choice, we have the resources and time to support the individual in doing what the person chooses.** We must make sure the choices we offer are in line with what we can realistically provide. For example, before offering a choice of juice at breakfast, check to see what choices are available. Also, we must think about how the choices we offer to one individual may affect other individuals present, for example, when two individuals share a room and one prefers turning off the light at 9:00 and the other likes to read or look at books until midnight.

Your Presentation Notes

Do

Ask participants if they can think of some examples of choices that are offered, but cannot be provided in the home where they work. After a few examples . . .

Say

To repeat, choices aren't really choices if we can't follow through on them.
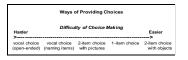
Say

In presenting choices, some people with disabilities don't have a lot of verbal skills, so we must offer a choice opportunity in an easier way. For example, we provide a choice of objects or items. For individuals who have the most severe disabilities, sometimes the only choice-making skill they have is to respond to a single item when that item is presented by a support person. The support person must observe how the individual responds to the item to see if the individual wants the item or not.

Do

Ask participants to think of some of the individuals with disabilities whom they know or with whom they work, and how different individuals can make choices using the skills shown on **Overhead #9**. Promote discussion about how some individuals make choices by saying what they want, some may have to be shown items to point to, etc. Also promote discussion about how it would not make

Your Presentation Notes

Ways of Making Choices

Ways of Providing Choices

Difficulty of Choice Making

Harder   Easier

>--->

vocal choice   vocal choice   2-item choice   1-item choice   2-item choice
(open-ended)   (naming items)   with pictures   with objects

Session #1, Overhead 9

sense to provide a choice to an individual by asking the person what she or he wanted to do if the person did not have the skills to understand or answer the question.

Say

Sometimes we may provide one type of choice and find that the individual does not seem to understand the choice opportunity. We would then provide the choice in another way. For example, we might ask the individual during leisure time in the evening, "What would you like to do?." If the individual does not seem to understand, we might then ask, "Would you like to look at a magazine or listen to your radio?." If the individual still does not understand, we might ask the same question while actually showing the individual a magazine and a radio and prompt the individual to point to, nod their head towards, or smile at what she or he wants.

It's important when offering choices to give individuals time to respond based on their abilities. It takes some of us longer to think about things than others.

Do

Demonstrate with a participant how a choice may be provided using the steps just summarized. Inform the participant not to make a choice until the choice options (e.g., a

Your Presentation Notes

radio and magazine) are actually shown. Make sure to show both items as they are named in the question, "Do you want to look at a magazine or listen to your radio?."

Note: Demonstrate this activity with several different participants in order to emphasize the importance of the concept.

Do
Show overhead #9

Say
Remember, the ways of presenting choices range from presenting open-ended choices (for example, *what would you like to do?*) to presenting choices between objects (for example, *do you want a blueberry muffin for breakfast?*).

Say
When we provide a choice in the way just shown, it is of course important that once the individual makes a choice by saying or pointing, that we provide what the individual chooses. When we provide a choice opportunity, *we must respect and honor the individual's choice.* Again, it's important to provide the activity or item selected by the individual.

Your Presentation Notes

Ways of Making Choices

Ways of Providing Choices

Difficulty of Choice Making

Harder   Easier

>--->

vocal choice   vocal choice   2-item choice   2-item choice   1-item choice
(open-ended)   (naming items)   with pictures   with objects

Session #1, Overhead 9

Do

Show overhead #10 and #11

Review the steps of providing a choice in the manner just demonstrated. Ask the participants to get in groups of two. Instruct each participant to take turns playing the role of an individual with a disability and a support staff providing a choice using the steps shown on the overhead.

(Note: These three steps are listed on one page for participants in the *Resource Guide.*)

Participants can use props that they have at their tables. For example, pens, pencils, hats. Or, you can bring in some props for this activity.

Instruct the participants to make sure that for whatever choice opportunity the individual responds to with a choice, the support staff then provides what was chosen. Make sure that you play the role of an individual (at least once) for whom you have to move from hard to easy (left to right) on the scale.

Do

Be sure to move about the class and check for understanding of the process. Assist groups as needed to complete the activity correctly.

Your Presentation Notes

Steps for Providing Vocal Choice

1. Ask the person what she or he would like to do.
   - provide the choice selected if possible

2. If the person does not respond with a choice or the choice named is not available, name two specific options that are available.
   - provide the choice option selected

Session #1, Overhead 10

Steps for Providing Vocal Choice

3. If the person still does not respond with a choice, name and show two specific options that are available.
   - provide the choice option selected

Session #1, Overhead 11

Note: After everyone is done, you may want to have several of the participants (who do the activity correctly) demonstrate each of the three steps in the front of the class. This will help reinforce the correct method of using this process.

Say

As indicated earlier, some individuals – and particularly people who have very severe or multiple disabilities – do not have the skills to respond to the type of choice opportunity that we just demonstrated. For individuals who do not have the skills to tell us what they want or to point to something they want, we have to provide a choice opportunity in another way.

Do

Show overhead #9 again

Say

For individuals with the most serious disabilities, we often have to present a single item and watch how the person responds to the item. When a one-item choice is presented, we watch the person to see if she or he approaches or avoids the item.

An approach might include smiling, reaching for, leaning toward or looking at the item. When a person approaches an item in this manner, we should then give the person the item.

Your Presentation Notes

Ways of Making Choices

Ways of Providing Choices

Difficulty of Choice Making

Harder   Easier

vocal choice   vocal choice   2-item choice   2-item choice   1-item choice
(open-ended)   (naming items)   with pictures   with objects

Session #1, Overhead 9

Do

Select a participant to demonstrate how to present a single item and respond to an **approach behavior**. Ask the participant to present a magazine in front of you, and then approach the item using one of the approach behaviors just noted (e.g., leaning toward the magazine and looking at it). **(Step 1)**

Say

Instead of approaching an item when presented, an individual might avoid the item. **Avoidance** usually involves turning away from the item, pushing the item away, or frowning. When a person avoids an item when presented, the item should be removed. You would then present another item. **(Step 2)**

Do

Repeat the demonstration just provided. However, this time, when the participant presents the item to you, respond with an avoidance behavior (for example, turning away, pushing item away).

Say

Sometimes a person may not approach *or* avoid an item. Lack of approach or avoidance is called **neutral behavior**. When neutral behavior is shown, we should allow the person to sample the item. That is, we should make sure the person knows what is being offered by touching, looking at, tasting

Your Presentation Notes

or using the item. The item should then be given again to check for approach or avoidance. If neutral behavior occurs the second time an item is given, the item or choice should be removed, and replace with another item. **(Step 3)**

Then, repeat the steps 1-3 (as needed) for the new item.

Do
Repeat the demonstration again using neutral behavior. Have a participant offer you an item (e.g., magazine), encouraging you to touch the item while saying "Do you want to look at the magazine?" Repeat the activity again to check for approach or avoidance.

Special Considerations When Assessing Choice-Making Skills and Providing Choices

Say
In order to make sure that we present choices to people with disabilities with whom we work in a way that they can understand and respond to with a meaningful choice, there are several things to do and think about.

Your Presentation Notes

Do
Show overhead #12

Say
The first thing to think about when a choice is provided is if the individual does not respond by making any choice at all. For example, a glass of orange juice and a cup of coffee are presented and the individual does not point to or otherwise choose either the juice or the coffee.

Do
Select a participant to present two items in front of you with a direction to choose one of the items, but simply stand there and not choose either item. Then ask the participants to tell what that may mean for the individual when she or he does not choose either item. Prompt discussion around the possibilities that: (1) the individual does not want either item or, (2) the individual does not understand the choice situation, or (3) the individual has limitations in his or her ability to respond (for example, does not use words, sign language or cannot point).

Say
If a person does not make a choice when provided with a choice opportunity, we have to figure out if (1) the person does not like the choice options or (2) does not understand the choice situation. In the first situation, we could offer choices of several other pairs of items. If, after several choice

Your Presentation Notes

Things to Look For

Things to look for when providing choices:

- lack of choice-making because the individual does not want one of the options or does not understand the choice opportunity
- individual may base a choice on how the choice is offered (for example, always selecting the option on the right or on the left) rather than a like or dislike

Session #1, Overhead 12

opportunities with different pairs of items, the person still does not choose an item, we could assume the person does not understand the choice situation. In that case, we would then provide a choice in an easier way, such as by providing a single item and watching for approach or avoidance behavior.

Do
Show overhead #12 again

Say
Something else to look for when presenting two items or activities as a choice opportunity is individual tendencies. For example, some people tend to always pick something that is presented on their left side, or on their right side. For this reason, it is important to change the side on which we present the items. To illustrate, when presenting a choice between looking at a magazine or listening to a radio, we should change the side on which we present the magazine and radio across different choice presentations.

Keep in mind that the manner of presenting choices as we have discussed can improve a person's choice-making skills. That is, by providing many choices in a consistent manner, we can actually *teach* choice-making skills.

Your Presentation Notes

Things to Look For

Things to look for when providing choices:
- lack of choice-making because the individual does not want one of the options or does not understand the choice opportunity
- individual may base a choice on how the choice is offered (for example, always selecting the option on the right or on the left) rather than a like or dislike

Session #1, Overhead 12

Do

Ask the participants why choice-making skills may improve as we present many choice opportunities. Promote discussion around the notion that learning to make choices can occur because the individual is reinforced for choosing by receiving the item or activity that the he or she likes. Also, the act of practicing choosing, which occurs when many choice opportunities are provided, can improve choice-making skills.

Say

To support people with disabilities in learning or improving choice-making skills by providing many choice opportunities, it is important to make sure that individuals always receive what they choose. This is another reason we should *respect and honor a person's choice* as we talked about earlier.

Identifying When To Give Choices During The Day

Do
Show overhead #13

Say

Think about the choices you wrote down earlier that you made after getting up this morning. Some of those choices involved *what* to do. In other words, these were

Your Presentation Notes

Types of Choices

- What?
- How?
- When?
- Where?
- With Whom?

Session #1, Overhead 13

choices between activities (e.g., get out of bed or sleep later).

Other choices involved *how* to do an activity (e.g., take a shower or take a bath).

Still other types of choices involved *when* to do an activity, *where* to do an activity, and *with whom* to do the activity.

There are many types of choices that can be made everyday to make our days more enjoyable. The same holds true for the individuals with whom we work. We should try to build as many choices as we can into the daily routines of the individuals with whom we work.

Do

Ask participants to get into groups of three or four. Instruct participants (using the choice list from earlier in the session) to describe to each other how they could provide the different types of choices for individuals every day. Continue to show **Overhead #13** and instruct participants to use the types of choices listed on the overhead as a guide.

After about 5 or 10 minutes, ask different groups of participants to share their ideas with the entire class.

Your Presentation Notes

Types of Choices

- **What?**
- **How?**
- **When?**
- **Where?**
- **With Whom?**

Session #1, Overhead 13

Note: If time is limited, have each group report back on a different routine. This will provide a wider variety of choice options.

Promote discussion around the fact that there are many types of choices we can provide everyday in order to help people with disabilities have more control over their lives and enjoy their lives. Include the idea that it is not the size, type or content of the choice, but the opportunity to make <u>many</u> choices throughout the day that is important. For example, choosing oatmeal or shredded wheat for breakfast is just as important as walking or taking the bus to the park.

Supporting Individuals in Making Choices for Major Lifestyle Changes

Say
The choices we have talked about in this class involve the types of choices that can be built into the daily routines of individuals with disabilities with whom we work. Again, supporting individuals in making many choices during their daily routine can increase the amount of enjoyment individuals experience everyday.

There are other types of choices that can have a major effect on the quality of life of

Your Presentation Notes

Your Presentation Notes

people with disabilities. These are choices that affect major lifestyle changes with the individuals you support.

Do
Show overhead #14

Say

Choices that affect major lifestyle changes for people with disabilities include choices such as where to live, what kind of work to do, and with whom to live, just to name a few. We can help people in making choices that affect their lifestyle in a major way by making sure our supports and services are *person-centered.* By following the principles and practices of person-centered planning which is discussed in the next two sessions, we can support people with disabilities in having control over their lives.

Presentation and Review of Optional In-Class Activity

Note: If you have time at the end of this session, here is an optional activity you can use. You could also use this for a homework activity. You can use the teacher's script below for either a wrap-up of this session or as a lead-in to the next session.

Person-Centered

Person-centered planning and services:

Support people with disabilities in making choices for major lifestyle changes.

Session #1, Overhead 14

Optional Activity:
Supporting Choice

Directions: Select a daily routine in the place where you work. It can be the early morning routine from the time an individual gets up until time for work, at mealtime, or the late afternoon or evening during leisure time. List the choice that is now offered in the left column. In the right column, list as many choices as you can that could be given to the individuals in the home where you work.

The selected routine? Example: Eating breakfast

The way it is today for the individual	Other choices that might be offered

Optional Activity:
Supporting Choice

Directions: Select a daily routine in the place where you work. It can be the early morning routine from the time an individual gets up until time for work, at mealtime, or the late afternoon or in the evening during leisure time. List the choice that is now offered in the left column. In the right column, list as many choices as you can that could be given to the individuals in the home where you work.

The selected routine? Example: Eating breakfast

The way it is today for the individual	Other choices that might be offered
What? Follow the menu	**What?** A choice between cold cereal and hot cereal, a choice of beverages, etc.
How? Staff prepares it	**How?** Individuals can choose to help staff prepare, etc.
When? At 7:00 a.m.	**When?** A choice between 6:30 or 7:15, before getting dressed or after getting dressed, etc.
Where? Kitchen	**Where?** Dining room, patio, restaurant, etc.
With Whom? With everyone in the home	**With Whom?** Alone, with a friend, family member, etc.

Do
Show overhead #15

Say
Here is an activity which will help you review what we have talked about today. If you look in your *Resource Guide* (please refer to the appropriate page number), you will find an activity titled *Supporting Choice.*

Say
For example, I picked eating breakfast as a daily routine and listed in the left hand column is the way that breakfast is organized now.

Note: Read the what, how, etc. samples in the left column for eating breakfast.

Say
Now, look at the right side of the page for examples of other choice that might be offered.

Say
Now, let's say you select a daily routine in the place where you work. It can be the early morning routine from the time an individual gets up until time for work, a mealtime, or the late afternoon or evening during leisure time. Under each type of choice (what, how, etc.), list the choice that the individual in your home has right now.

Your Presentation Notes

Then, using what we have learned about choice in this session, write down as many choices for each item (e.g., how, when) that you might offer and individual on the right side of the column list.

Note: Use the sample on the previous page and read the what, how, etc. choices in the right column for eating breakfast.

Go ahead and complete that now.

After about 10 minutes -

Note: If using for a homework assignment, go through the example and have the participants select a routine and do "what?" together to make sure that the directions are clear.

Say
You were asked to think about people with disabilities with whom you work or with whom you are familiar. You were also asked to list different types of choices that could be built into the daily routine of the individuals.

Do
Discuss participant before and after (left column, right column) answers for -

> **The selected routine?**
> **What?**
> **How?**

Your Presentation Notes

When?
Where?
With Whom?

After the discussion -

Note: If you use this for a homework assignment, make sure that you discuss it at the beginning of the next session. Some participants will have completed it and that needs to be recognized along with the important of identifying choice opportunities in everyday life.

Say
This activity was designed to help you think about ways to provide a variety of choices for individuals who you support. The *goal* of this class was to make sure that all of you can figure out ways to support individuals with disabilities in making choices every day.

Say
In our next session, we will be talking about how to use the information we learn about likes and dislikes in person-centered planning. We will also be able to see how choice-making is important to the person-centered planning process.

Your Presentation Notes

Practice Questions

Your Presentation Notes

Say

In your *Resource Guide* (refer to the appropriate page), you will find some practice questions about this session.

A copy of a Scantron answer sheet is provided. The Scantron is like the answer sheet you will be using for the assessment in Session 12. During each session, you will have a chance to practice marking your answers to the practice on something similar to a Scantron sheet.

Do

Review how to use a Scantron sheet (e.g., use of a pencil, fill in the bubbles).

Say

Please take a few minutes to read the questions and mark your answers on the practice form.

Wait about 5 minutes

Say

Let's review your answers.   **(Note:** The answers are underlined in your teacher's guide. You can have some fun with this by reviewing it with a quiz show theme, e.g., Do You Want to Be a Millionare?)

Do

Make sure that all of the questions are answered correctly. Review information discussed in the session as needed.

Ending the Session

Say

Don't forget to look at the key words for the next session. You can find the definitions for a session at the end of the each *Resource Guide.* All of the words for Year 2 are in the **Key Word Dictionary** in the *Resource Guide*, Session #12. See you next time.

Your Presentation Notes

Resource Guide

Key Word Dictionary
Supporting Choice: Identifying Preferences
Session #1

Approach Behavior

An approach behavior might include smiling, reaching for, leaning toward or looking at a particular choice item.

Avoidance Behavior

Instead of approaching a choice item when presented, an individual might avoid it. For example, turn away from the item, push it away, or frown.

Choice

A choice is a statement of preference. Selecting something to do from one or more options. Choice opportunities must be provided in a way that each individual understands. Individuals with developmental disabilities have a right to make choices including where and with whom to live, the way they spend their time each day and with whom, what things to do for fun, and plans for the future. Making frequent choices increases one's life enjoyment. Choice means having control and confidence in our lives.

Choice-Making Skills

The ability to know personal likes and dislikes and to choose between people, places, food, and activities when those choices are presented.

Choice Opportunities

Those situations where someone is provided with a choice between two or more activities, foods, etc.

Direct Support Professional

The term *direct support professional* (DSP) describes persons who work with people with disabilities in the places where these individuals live and work. Assists individuals in making choices; in leading self-directed lives; and in contributing to their communities. Finally, they encourage attitudes and behaviors in the community that support the inclusion of individuals with developmental disabilities.

Likes and Dislikes
The foods, activities, people and places that individuals choose or do not choose (sometimes referred to as preferences).

Person-Centered
Supporting people with disabilities in making their own choices for everyday and major lifestyle decisions.

Teaching Choice-Making
The different ways used to present opportunities for choices in what, how, where, when and with whom people do activities. The result of this teaching is choice-making.

If You Want to Read More About and References for
Supporting Choice: Identifying Preferences

Bambara, L. M., & Koger, F. (1998).
Opportunities for Daily Choice Making. Washington, DC: American Association on
Mental Retardation.

Belfiore, P. J., & Toro-Zambrana, W. (1994).
Recognizing choices in community settings by people with significant disabilities.
Washington, DC: American Association on Mental Retardation.
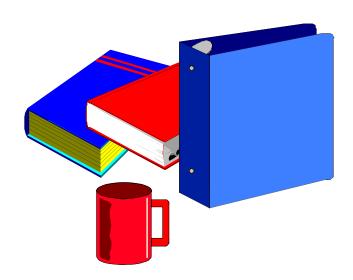
Everson, J. M., & Reid, D. H. (1999).
Person-centered planning and outcome management: Maximizing organizational
effectiveness in supporting quality lifestyles among people with disabilities. Morganton,
NC: Habilitative Management Consultants.

Parsons, M. B., Harper, V. B., Jensen, J. M., & Reid, D. H. (1997).
Assisting older adults with severe disabilities in expressing leisure preferences: A
protocol for determining choice-making skills. Research in Developmental Disabilities,
18, 113-126.

Direct Support Professional Training
Year 2

Teacher's
Resource Guide

Session #2
Person-Centered Planning
and Services

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	**Person-Centered Planning and Services**	**3 hours**
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Session: 2

Topic: Person-Centered Planning and Services

Core
Objectives: Upon completion of this session and the next, the DSP should be
                able to:

                1. Understand the key elements and the role of the
                    DSP in the person-centered planning process
                2. Work as a team member to maintain accurate
                    documentation of individual goal attainment.
                3. Understand and participate in the process of
                    assessing service quality outcomes
                4. Participate as a member of the person-centered
                    planning team
                5. Understand the role, responsibility and rights of
                    parents and other legally authorized representatives
                    on the person-centered planning team

Time:		
Introduction and Key Words	5 minutes
Activity and Discussion: What's Important		
for Your Life Quality	20 minutes
Life Quality Values, Video and		
Discussion	15 minutes
Introduction to Person-Centered		
Planning (PCP)	5 minutes
A Conversation with Joe and Bruce		
Video and Active Listening Activity	20 minutes
BREAK	15 minutes
Choice Activity	15 minutes
Role of DSP on PCP Team	5 minutes
Fred's Plan, Activity and Discussion	20 minutes
Teamwork and Working with Families	15 minutes
Successfully Supporting Fred: Activity		
and Discussion	20 minutes
Optional Activity and Discussion	15 minutes
Practice Questions	5 minutes
Ending the Session	5 minutes
Total Time	**180 minutes**

Materials:
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
- Hard copy of overheads or disk with PowerPoint presentation;
- *DSP Resource Guide* for all class participants; and
- Videotape (VHS) copies of *Life Quality Focus Group* and *A Conversation with Joe.*

Preparation

Instructor should read over the Teacher's Resource Guide, Overheads and Resource Guides before each session. Make sure that you are familiar with all of the information and the instructions for presentation. The information can be presented verbatim or paraphrased as long as the essential content is conveyed.

Introduction

Do
Show overhead #1

Say
Welcome to Session 2 of our Year 2 course for Direct Support Professionals. This is the first of two sessions on person-centered planning.

Key Words

Do
Show overhead #2

Say
Our key words for this session are:

- Person-Centered Planning
- Choice
- Preferences, Likes, Dislikes
- Ask, Observe, Ask Others
- Communication
- Teamwork

Your Presentation Notes

Session 2: Person-Centered Planning and Services

Session #2, Overhead 1

Key Words

- Person-Centered Planning
- Choice
- Preferences (Likes and Dislikes)
- Ask, Observe, Ask Others
- Communication
- Teamwork

Session #2, Overhead 2

Throughout this session, we will talk about the key words, what they mean and how they apply to your job as a DSP!

Activity: What's Important for Your Life Quality

Do

Show overhead #3

Say

The topic for today and our next session is person-centered planning and services. First, an activity to get you ready for talking about person-centered planning.

In the *Worksheets and Activities* section of your Resource Guide you will find an activity called *What's Important for Your Life Quality* (please refer to the page number).

The directions for this activity are in your guide. First, make a list of your favorite things to do. For example: what kinds of things do you like to do at home? at work? for fun? around town? what kind of music do you like? what kind of movies do you like? what kind of food do you like?

Wait

About 3 minutes and . . .

Your Presentation Notes

Activity:
What's Important for
Your Life Quality?

First, write up a list of the things you like to do? For example: at home? at work? for fun? around town? what kind of music do you like? what kind of movies do you like? what kind of food do you like?

A List of the Things Do You Like to Do?

Session #2, Overhead 3

Activity: What's Important for Your Life Quality?

First, write up a list of the things you like to do? For example: what kinds of things do you like to do at home? at work? for fun? around town? what kind of music do you like? what kind of movies do you like? what kind of food do you like?

<u>A List of the Things You Like to Do?</u>

Do
Show overhead #4

Say

On the next page of your *Resource Guide* (please refer to the page number), write up what a week and a weekend day looks like for you right now. For example: what kinds of activities are you doing? what kinds of food would you usually be eating? who else is involved in your life?

Wait

About 5 minutes and . . .

Say

Last, I want you to think about the things that you need to live a good quality life? Look over your *list of favorite things to do*, *your week* and *weekend days* and ask yourself, which of things do you <u>have to have in your life every day</u>? These are the things that you need to live your life the way you want. If you had to live without these things, it would make your life a lot harder. It might be a favorite activity, food, something you like to wear, someone you like to be with and so on. Look at all three lists (favorite things, weekday and weekend) and **circle those things that you need to live a good quality life.**

Your Presentation Notes

Activity:
What's Important for Your Life Quality?

Next, what would a typical day and weekend day look like for you? For example: what kinds of activities are you doing? what kinds of food would you usually be eating? who else is involved in your life?

A Week Day . . .
When you first get up
During the day
At night

A Weekend Day . . .
When you first get up
During the day
At night

Session #2, Overhead 4

Next, what would a typical day and weekend day look like for you? For example: what kinds of activities are you doing? what kinds of food would you usually be eating? who else is involved in your life?

<u>A Week Day . . .</u>

When you first get up

During the day

At night

<u>A Weekend Day . . .</u>

When you first get up

During the day

At night

Last, which are the things that you need to live a good quality life? Look at your *list of favorite things to do*, *your week* and *weekend days* and ask yourself, which of things do you **have to have in your life every day**? These are the things that you need to live your life the way you want. If you had to live without these things, it would make your life a lot harder. It might be a favorite activity, food, something you like to wear, someone you like to be with and so on. Look at all three lists (favorite things, weekday and weekend) and **circle those things that you need to live a good quality life**.

Wait

For about 3 minutes. (**Note**: While waiting get a piece of flip chart paper ready or a blank transparency. The heading on the paper or transparency should be *must haves.*)

Say

You now have written down some of the things about how you like to live. You've circled the things that are so important that you must have every day. What are some of those things?

Do

As people mention different things, write them on the flip chart paper or transparency.

Say

These are the things (pointing to the list) that we will call your *must haves.* The things you really need to have in your life every day.

Say

Of course, people with developmental disabilities also have their every day preferences and *must haves.* Person-centered planning is learning about the everyday things and *must haves* that are important to the people you support. It's also about using that information to make services and supports to people as individualized as possible. For example, activities that people like, food preferences, and hopes and dreams for the future.

Your Presentation Notes

Next, what would a typical day and weekend day look like for you? For example: what kinds of activities are you doing? what kinds of food would you usually be eating? who else is involved in your life?

A Week Day . . .

When you first get up

During the day

At night

A Weekend Day . . .

When you first get up

During the day

At night

Last, which are the things that you need to live a good quality life? Look at your *list of favorite things to do*, *your week* and *weekend days* and ask yourself, which of things do you **have to have in your life every day**? These are the things that you need to live your life the way you want. If you had to live without these things, it would make your life a lot harder. It might be a favorite activity, food, something you like to wear, someone you like to be with and so on. Look at all three lists (favorite things, weekday and weekend) and **circle those things that you need to live a good quality life**.

Supporting Life Quality

Say

Providing individualized supports is one of the main values of services for people with developmental disabilities in California.

Do

Show Overhead #5

Say

If you took the course last year, you may remember the values of the California Developmental Disabilities Service System include:

Choice, where to live and with whom, making every day and major life decisions.

Relationships, developing friendships and intimate relationships.

Regular Lifestyles, people getting involved in the community in the same ways as friends, neighbors, co-workers.

Health and Well-Being, freedom from harm, access to medical and dental services.

Rights and Responsibilities, people with developmental disabilities have the same legal rights as everyone else, for example, religious freedom, freedom of speech. They

Your Presentation Notes

Values of California Service System

- Choice
- Relationships
- Regular Lifestyles
- Health and Well-Being
- Rights and Responsibilities
- Satisfaction

Session #2, Overhead 5

also have the same responsibilities as other citizens, for example, voting.

General **satisfaction** with everyday life.

Do
Show overhead #6

Say
These values are at the heart of good life quality for people with and without developmental disabilities. You can take those values and turn them into some questions that you can ask yourself each day as you work:

Are there opportunities for the people you work with to:

- **do things in the community?**
  (for example, go to a local farmer's market, a parade, a community concert, a county fairs)

- **see friends?**
  (for example, at church, at the library, at a coffee shop, going to the movies)

- **meet new people?**
  (for example, joining a local walking or hiking club, volunteering at a senior center, take a class at the community college)

- **do something that he or she likes to do?**

Your Presentation Notes

Ask Yourself Each Day . . .

- **Are there opportunities for the people you work with to:**
  - **do things in the community?**
  - **see friends?**
  - **meet new people?**
  - **do something that he or she likes to do?**
  - **make choices?**

Session #2, Overhead 6

(for example, help cook a favorite meal, shopping for favorite items, starting a morning routine with a cup of coffee or taking a shower)

- **make choices?**
  As we talked about in our last session, are there many opportunities for individuals to make choices throughout the day?

Note: Be prepared for the wrap-up of this activity with either a blank transparency or a piece of flip chart paper.

Say

What are some of the opportunities you provide the people each day to:

- participate in the community?

- see friends?

- meet new people?

- do something that he or she likes to do?

- make choices?

Do

Reinforce the discussion by summing up the ways that participants provide opportunities for preferred activities each day and how important that is to a good life quality.

Your Presentation Notes

**Ask Yourself
Each Day . . .**

● **Are there opportunities
for the people you work
with to:**
  • **do things in the community?**
  • **see friends?**
  • **meet new people?**
  • **do something that he or she
  likes to do?**
  • **make choices?**

Session #2, Overhead 6

Say

Let's watch a videotape about life quality from the point of view of 5 people with developmental disabilities.

Do

Show videotape *Life Quality Focus Group*

Discuss

What do you think? Were there any surprises? How are these discussions different from those that you have had with your friends? What were the major themes?

Note: The point of the tape is to show the similarity of life quality issues for people with and without developmental disabilities. People usually mention themes like relationships, safety, money, and work.

Introduction to Person-Centered Planning

Say

One of the best ways to support life quality for the people we support is through person-centered planning and services.

Your Presentation Notes

Do
Show overhead #7

Say
Person-centered planning is written into the Lanterman Act. This is the piece of California legislation that helped start our current statewide system of services for people with developmental disabilities back in the 1970s. The Lanterman Act says that regional centers must use person-centered planning to support the many different ways that people choose to live.

Do
Show overhead #8

Say
It also says that people with developmental disabilities and their families have a right to make choices about:

- where to live (for example, group home or own home);

- how to spend time each day (for example, day program, for work, or for fun);

- with whom to spend time (for example, visiting friends and family) and;

- hopes and dreams for the future (for example, live in a different town or save up for a special vacation).

Your Presentation Notes

The Lanterman Act Says . . .

Regional centers must use person-centered planning to support the different ways that people <u>choose</u> to live.

Session #2, Overhead 7

Choices Include:

- where to live and with whom;
- how to spend time each day;
- with whom to spend time; and
- hopes and dreams for the future

Session #2, Overhead 8

Person-centered planning helps support the choices that people make about their life.

Do
Show overhead #9

Say
Two important things to remember about person-centered planning:

- it's about asking people with developmental disabilities (or their families and friends if they can't speak for themselves) what is important for a good quality life, and

- figuring out ways to support the choices that people make about their lives.

The Person-Centered Planning Team

Do
Show overhead #10

Say
It takes a team of people working together to do person-centered planning. By law, the people on the team must be the individual with a developmental disability, family members if someone is under 18 years old, a guardian or conservator if the person has one, the regional center service coordinator or someone else from the regional center.

Your Presentation Notes

Important to Remember

Person-centered planning is about:
- asking people (or family and friends if they can't speak for themselves) what is important for a good quality life and,
- figuring out ways to support the choices people make about their lives.

Session #2, Overhead 9

Person-Centered Planning Team

- Individual
- Regional Center Service Coordinator
- Others might be:
  - Family and friends
  - Direct Support Professionals
  - Someone to help make decisions or help communicate
  - Others?

Session #2, Overhead 10

The team might include other people invited by the individual to participate in the meeting like family, friends and direct support professionals.

Ask

Are there others? (**Note**: discussion might include a doctor, psychologist, nurse, speech therapist.)

Say

Everyone on the team should be someone who knows the individual. If an individual doesn't speak very well or if he or she speaks a different language, then someone to help with translation should also be on the team.

Do
Show overhead #11

Say

As a DSP, you may be asked to be a member of a person-centered planning team. It's important to remember these five responsibilities of the planning team:

1. getting to know someone really well;

2. finding out about what is important to the person;

3. supporting someone's choices;

Your Presentation Notes

Things to Remember

1. getting to know someone;
2. finding out what's important to him or her;
3. supporting choices;
4. figuring out ways to make those individual choices a part of everyday life; and
5. figuring out what services it will take to support those choices.

Session #2, Overhead 11

4. working with others to come up with a way to make those choices a part of the person's everyday life; and

5. figuring out what services it will take to support those choices.

Active Listening Activity

Say

Let's work on an activity before we take a break. First, we'll watch a video called *A Conversation with Joe.* It shows a conversation with someone named Joe who is talking about the things that are important in his life.

You might want to take some notes on the activity page titled *Active Listening* (refer to page in resource guide) because when the tape is over, you will be working as a group to make a list of the things that are important to Joe.

Do
Show the video *A Conversation with Joe*

Say

Since many of the people you work with will not be as easy to understand as Joe, let's watch another conversation. This time, you will see an interview with someone named Bruce. He's also talking about some important things in his life. Again, you might

Your Presentation Notes

Activity:
Active Listening - Joe

First, watch the two videos and take some notes. After you have watched them both, work as a group to come up with a list of things that are important to Joe and Bruce. Don't forget to include the things you hear about favorite activities, relationships, and food.

What did I hear that's important to Joe?

What are some other questions I could ask to find out more about what is important to Joe?

Resource Guide

Activity:
Active Listening - Bruce

First, watch the two videos and take some notes. After you have watched them both, work as a group to come up with a list of things that are important to Joe and Bruce. Don't forget to include the things you hear about favorite activities, relationships, and food.

What did I hear that's important to Bruce?

What are some other questions I could ask to find out more about what is important to Bruce?

want to take some notes for your work as a team.

Do
Show the video *A Conversation with Bruce*

Say
Okay, let's break up into small groups and complete the list of important things for both Joe and Bruce.

Wait about 5 minutes
Say
What did you hear that's important to Joe? (**Note**: Write answers on flip chart paper or blank transparency. Answers from participants should include: exercise, good health, good diet, swimming, play ball, movies, going to bars, going out to dinner, girlfriend, holidays, Thanksgiving, a safe neighborhood.) It's amazing what you can learn from a conversation on a videotape. Just think how much more you can learn when you work with someone every day.

Are there some other questions you might ask to find out more about what's important to Joe? (**Note**: Participants might ask about hopes and dreams for the future, or if he would be interested in working.)

Your Presentation Notes

Say

What did you learn that's important to Bruce? (**Note**: Write answers on flip chart paper or blank transparency. The discussion should include things like his job, bowling on weekends, getting married, gardening, his girlfriend Tracy, his family, Luther Vandross.)

Was there anything that Bruce did not want to talk about? (**Note:** He did not want to talk about his friends.)

As you can see with Bruce, it not only takes the right questions, but also some very careful listening to make sure you understand.

Are there some other questions you might ask to find out more about what's important to Bruce? (**Note**: Participants might ask about why he would like a new job, favorite foods, holidays, activities.)

Say

Getting to know someone and finding out what's important in his or her life is one of the first steps in person-centered planning. We're going to talk more about how to do that after the break.

Okay, let's take a break!

Your Presentation Notes

Break for 15 Minutes

Choice Activity

Do
Divide the group into 2 or more teams and provide each team with only one of the sets of instructions (see next page) which you have copied onto 5 x 9 cards ahead of time.

Note: Just a reminder, if you have two teams, you should need one card of each set of instructions. If you have four teams, you will need two cards of each set of instructions.

Say
Okay, let's start off this part of our session with an activity. I'm going to hand each team a set of instructions. First, look at each of the choices numbered 1-3. As a group, make a choice and then record your choice and why your group made it on the Activity sheet in your Resource Guide titled *Choice-making* (refer to the appropriate page).

Wait about 10 minutes and -

Your Presentation Notes

Group 1 Instructions

As a group, decide which choice(s) to make. Next, record your group's choices and your reasons on the **Choice-making Activity Sheet**.

1. Make two choices of where you might like to go for lunch in the next few days. Your choices are Burger King, McDonalds, Taco Bell, and/or Subway. Why did you choose those two?

2. On an evening out with a friend, make a choice of whether you would rather go bowling or play pool? Why did you choose this activity?

3. Choose whether you would rather watch the news or soccer on t.v. tonight? Why did you choose that program?

Group 2 Instructions

As a group, decide which choice(s) to make. Next, record your group's choices and your reasons on the **Choice-making Activity Sheet**.

1. If you could go anywhere you wanted for lunch for the next couple of days, what two places would you choose to go? Why did you choose these places?

2. If you could go anywhere you want for a fun evening out with a friend, where might you choose to go? Why did you choose as you did?

3. What would you likely choose to watch on t.v. tonight? Why would you choose this program?

Activity:
Choice-making

Write notes on what choice the group has made and why the group made the choice.

Choice 1:

Why did the group make this choice?

Choice 2:

Why did the group make this choice?

Choice 3:

Why did the group make this choice?

Do
Show overhead #12

Say
First, let's hear from Group 1. What choices did you make and why?

Now, how about Group 2? What kinds of choices did you make and why?

After all groups have completed reporting -
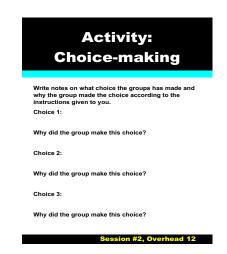
Ask
How does the limiting of the choices affect the choices made? How did you feel when you made "your choice?"

What gets in the way of opening up opportunities for making choices with the people we support?

What can DSPs do to increase the opportunities for choice?

Note: Participants will likely talk about the difficulty of offering choices to groups of people who have different likes and dislikes, and who have limited budgets. In terms of what can be done to open up opportunities, the discussion could include: going out in smaller groups; and, reading the newspaper and talking to others about new things to do or places to go.

Your Presentation Notes

Activity:
Choice-making

Write notes on what choice the groups has made and why the group made the choice according to the instructions given to you.
Choice 1:

Why did the group make this choice?

Choice 2:

Why did the group make this choice?

Choice 3:

Why did the group make this choice?

Session #2, Overhead 12

Say

Figuring out individual preferences and offering choice opportunities based on those preferences is one of the most important parts of person-centered planning. Let's talk some more about how the DSP can help make person-centered planning successful.

The Role of the Direct Support Professional in Person-Centered Planning

Say

Getting to know someone is at the *core* of person-centered planning. Of course, the best way to get to know someone is to spend time doing things together; talking; listening; and watching to figure out what is important to someone. The *Direct Support Professional* is often in the best position to know this information.

Do
Show overhead #13

Say

The best way to find out about someone's like and dislikes is to ask him or her. *What's your favorite meal? If you could go anywhere in this town, where would it be? What kinds of music do you like best? What's your favorite weekend activity?*

Your Presentation Notes

Ask, Observe, Ask Others

Ask the individual
- • what's your favorite meal?
- • do you like this music?

Observe
- • provide a variety of choices
- • smiles, frowns, eagerness

Ask others
- • when he is happiest?
- • places she likes to go

Review records
Record what you learn

Session #2, Overhead 13

When an individual cannot speak for him or herself, it's important for the DSP to spend more time observing activities in the home (for example, meal time, outings, free time) and the way that people respond to them. Do you see smiles, frowns, shrugs, eagerness? This will start to give you an idea of the kinds of things that people like and do not like to do and with whom they like to spend time.

If someone is new to the home or it's difficult to figure out his or her preferences, it's important to start writing down preferred items and activities (for example, foods at meal time, free time activities) from the beginning.

You will also want to ask others. If there are family and friends, or day program staff who know the person well, remember to ask them questions about preferences. *When does he seem to be the happiest? What are her favorite places to go?*

Finally, you may find additional information about preferences in the individual's record. If there is a summary of a person-centered planning session, you should find a list of likes, dislikes and preferences.

As you learn about individual preferences, it's important to communicate them to other staff and to the person-centered planning team. You might do this in staff meetings,

Your Presentation Notes

team meetings, a staff log, or in progress notes. This will help create more opportunities for favorite activities and foods to be included in daily routines. It will also help the team develop more person-centered services and supports.

Do
Show overhead #14

Say
As stated earlier, when people do not communicate with words or signs, it's often very difficult to figure out preferences, likes and dislikes. So, observing behavior is very important. Individual behavior usually communicates three things:

- What someone wants

- What someone does not want

- When someone needs your attention

Ask
How would someone's behavior tell you that he or she wanted something?

After discussion
Say
When you offer a person a choice of foods for dinner, he or she might point to a preferred food or look in the direction of that food. Or, if you mention that you are

Your Presentation Notes

What Behavior Communicates

- What someone wants
- What someone does not want
- When someone needs your attention

Session #2, Overhead 14

going on an outing to the park and someone quickly exits the house to get into the van, that would tell you that the person likes something about the activity (for example, riding in the car, playing frisbee at the park).

Sometimes, it's easier to figure out what a person doesn't like. For example, someone might spit out food that he or she did not like, or push away a staff person who wants to help.

Imagine that you don't have words to describe your feelings.

Ask
What are some other ways that you would let someone know that something was making you unhappy?

Note: Participants might mention things like walking away from an activity, a frown, all "body" language like crossing arms.

Say
Now that we have spent some time talking about person-centered planning and your role in the process, let's see what a person-centered plan looks like.

Your Presentation Notes

Fred's Plan

Do

Show overhead #15

In the Worksheets and Activities section of your resource guide (refer to the page number), you will find a summary and activity titled *Planning with Fred.* If you want to learn more about Fred at a later time, you also will find the complete plan in your resource guide (mention the page number).

Fred's person-centered plan incudes:

- a summary of what people learned about Fred using a person-centered planning process;

- information gathered at Fred's group home from Fred and his mom, DSPs and the regional center service coordinator;

- information to be used in developing an Individual Program Plan. We'll see what that looks like in our next session together.

Do

Show overhead #16

Say

Before we start an activity using Fred's person-centered plan, I'll tell you what I know about him. He is almost 30 years old.

Your Presentation Notes

All About Fred

- A summary of what people learned about Fred
- Completed at Fred's group home with Fred, Fred's mom, DSPs, and regional center service coordinator
- Next step is to write a person-centered Individual Program Plan

Session #2, Overhead 15

More About Fred

- About 30 years old
- Autism and challenging behavior
- Does not use words, but uses a signs and gestures
- Can do things if reminded
- Goes to a day program
- Mother is very involved

Session #2, Overhead 16

Resource Guide

Activity:
Planning with Fred

After you break into small groups, spend about 5 minutes looking over some things we know about Fred. As a group, answer the questions at the end of this activity. Make sure that someone plays Fred and answers your questions about possible activities and meals.

Fred's Likes and Dislikes

Fred likes: hiking, running/jogging, walking, swimming; helping staff out with chores; riding in the car or van; sifting sand; drawing; playing games; books; practicing his communication signs; and many different kinds of food (popcorn, healthy chips, fresh beans, pinto beans, garbanzo beans, refried beans, salad with no dressing, pesto, spicy food, salsa, ice cream, cookies, corn dogs, white crackers, steak, beef and broccoli dishes, gumbo, Mexican food, french fries, fried fish, jelly sandwiches, avocados, potatoes, "greasy food", sugarless candy, apples carrots, natural sodas, bagels).

Fred does not like: most sandwiches, pot roast, tuna, mayonnaise, mustard, ketchup, condiments or sauces or dressing on salad; and taking out the trash.

To Be Successful with Fred, We Need to -
- be truthful with him and follow through on what you promise him;
- give him the opportunity to choose where he goes and what he does on outings whenever possible;
- if you can't do an activity or give him a choice, tell him the reasons and explain why;
- let him know you are ready to go only when you are ready to go because Fred hates to wait;
- know that sometimes Fred will do things that bother you or bug you and if you show it, he will do it more; and
- remember that Fred uses signs and gestures and that if you don't understand him, then ask yes and no questions.

Challenging Behaviors

Fred's challenging behaviors include: taking off clothes and shoes in public; leaving the house on his own without telling anyone; takes off his seat belt when riding in a car or van; rips books apart and magazines; spits out medications; and, he urinates in public if he has to go to the bathroom.

To Work with Fred's Challenging Behaviors, We Need to -
- remember that he will usually want to leave the house when it's crowded, someone is upset, or when staff changes;
- make sure that a staff person always knows where he is in the house;
- take him home immediately, if he takes off any clothing or urinates in public; and
- always remember to ask him to use the restroom before leaving the house and often when you are in the community.

Health Concerns

Fred's health concerns include: sometimes get constipated when he eats peanuts, cheeses, dairy products, sugar and caffeine; very sensitive to sugar and food additives; must take his medications as they are prescribed and drink lots of water; he sometimes has seizures; he has allergies; and he must not have a blood transfusion.

To Support Fred's Health, We Need to -
- be sure he has a high fiber diet with plenty of fruit and vegetables;
- prepare sandwiches without mayo, mustard, or ketchup;
- make sure he drinks lots of water;
- understanding the seizure protocol;
- make sure he has an opportunity to exercise daily; and
- remember that Fred cannot get a blood transfusions if he goes to the hospital.

He has autism and some behavior that is challenging to the people who work with him. For example, he likes to get away by himself and will do so if someone isn't with him. He does not use words, but uses a few signs and gestures to communicate. He can do a lot of things for himself if you remind him. He goes to a day program during the week and makes some money from production work. His mother lives in the same county as Fred's care home and likes to see him as much as possible.

Say
After you have divided up into small groups, one of you should volunteer to be a recorder for this activity. You will be using Fred's plan to help you. Spend about 5 minutes reading through the plan and discussing it.

After you do that, work as a team to come up with some possible activities and two dinner menus for the upcoming week that

Your Presentation Notes

Resource Guide

Activity:
Planning with Fred

As a group, answer the following questions based on what you know about Fred. Make sure that someone plays Fred and answers your **yes** and **no** questions about possible activities and meals.

1. **Some possible activities for the week.**

   • Hiking, running/jogging, walking, swimming
   • Helping staff out with chores
   • Going somewhere in the car or van
   • Going to the beach
   • Practicing communication signs

2. **A menu for two dinners.**

   Possible menu items for dinner could include: fresh beans, pinto beans, garbanzo beans, refried beans, salad with no dressing, pesto, spicy food, salsa, ice cream, cookies, steak, beef and broccoli dishes, gumbo, Mexican food, French fries, fried fish, avocados, potatoes, apples, carrots, natural sodas.

reflect some of Fred's preferences or likes and dislikes.

Since person-centered planning always includes the person, someone in your group needs to play Fred. You can ask Fred **yes** and **no** questions about possible activities chores and meals. Fred will answer by shaking his head.

After about 5 minutes
Say
Okay, make sure that you spend the next 10 minutes working on the activity and menu plan.

After about 10 minutes
Say
Let's hear what you figured out. (Note: Let each group present their ideas. There are possible answers on the activity sheet in the following page.)

Do
Show overhead #17

After discussion -
Say
So far, we have talked about several things we can do with the information we get from person-centered planning. We have used it to figure out: (1) what's important to someone; and (2) ideas for both scheduling

Your Presentation Notes

IMPORTANT NOTE

Before you start this activity, please mention the following to your class:

Just a reminder that the purpose of a role play is to give you a chance to practice in situations that are as realistic as possible.   In no way are these activities meant to demean or show disrespect for individuals with disabilities.

**Activity:
Planning with Fred**

As a group, answer the following questions based on what you know about Fred. Make sure that someone plays Fred and answers your **yes** and **no** questions about possible activities and meals.

1. Some possible activities for the week.

2. A menu for two dinners.

activities and for menu planning. All of these things help to make the services and supports you provide more person-centered.

Teamwork and Working with Families

Say

Before we work on our last activity, let's talk a bit about teamwork and working with families. Both are very important parts of person-centered planning.

Do

Show overhead #18

Say

Teamwork is a key to successful person-centered planning and services for people with developmental disabilities. In addition to the individual, a planning team will likely include family members, consultants, health professionals, regional center staff, as well as support staff. As you may be participating on a planning team for someone you work with and support, it's important for you to know some basics about teams and how they work best.

Teamwork is about sharing, cooperating, and helping one another. An effective team is a group of people working together with a

Your Presentation Notes

Teamwork

- Teams include coworkers, families, regional center, other community agencies
- Trust is the basic element for success
- Other elements
  - Open, honest communication
  - Access to information
  - Focus on the goal

Session #2, Overhead 18

common purpose, who value each others contributions and are working toward a common goal. When people are working as a team, they usually get better results than when they are not working together and, in fact, may be working against each other.

Many experts say trust is basic to successful teamwork. Trust takes time. It depends on people getting to know each other to see whether they say what they mean and do what they say - whether they contribute to the work of the team in a positive way.

Besides ***trust***, other values that support teamwork are:

- open, honest communication;

- equal access to information; and

- a focus on the goal.

Do
Show overhead #19

Say
Everyone has an important role to play on the person-centered planning team.

Individuals with developmental disabilities and their families, of course, have a big part to play. As team members, they talk about their choices, hopes and dreams and what

Your Presentation Notes

**Important Roles
on Team**

- **Individuals and families**
  - preferences, choices, hopes and dreams
- **DSP**
  - information from talking, observing and asking others
- **Service Coordinator**
  - coordinate services that support individual choice

Session #2, Overhead 19

services and supports they need to be successful.

Direct Support Professionals may help people talk about their choices, hopes and dreams and provide information to the team about what they have seen and heard. Most importantly, DSPs provide services and supports which help individuals work towards their hopes and dreams.

Regional center service coordinators help write up the person-centered IPP and look for services and supports when needed.

Do
Show overhead #20

Say
Families communicate valuable information about the preferences, likes and dislikes of a relative to the DSP and the team. Here are some general tips for encouraging successful communication with families:

Regular contact
It's important to encourage contact with family members whenever possible.

Communicate first and often
Early and ongoing communication is important to building a good relationship with family members. All to often, the first

Your Presentation Notes

Communication with Families

● Regular contact
● Communicate first and often
● Be positive
● Use different methods
● Be honest
● Be an advocate
● Share what you learn
● Show you care

Session #2, Overhead 20

contact between a DSP and a family member involves a problem. This is a frustrating way for a family member to start a relationship with a caregiver for a relative.

The DSP should look for opportunities for family involvement, for example, birthday celebrations, weekend dinners, etc.

Be positive
The relationship between families and DSPs should be a positive one. It should be seen as a chance to work together to serve the best interests of the individual.

Use different methods to communicate
Speaking with family members and writing them notes are just two methods of communicating with families. Be creative! Be practical!

Be honest
Honesty in your interaction with families is very important. Sometimes this can be very difficult, especially when the information may be difficult to accept. Learn how to best approach family members.

Be an advocate
As DSPs, we have a dual role. Not only are we responsible for the day-to-day care of the individuals we serve, we are also called to advocate on their behalf. This is probably one

Your Presentation Notes

of your most important functions, as it involves serving the best interest of those with whom we work. At times, being an advocate will involve working together with family members on behalf of the individual. At other times, it might involve advocating on behalf of the individual in matters with which the family might disagree.

Share what you learn.
When family members share important information with you, make sure that it gets shared with other DSPs. Remember, you are all working together to support the individual.

Show you care.
Your genuine concern for the individual, as well as for their family members, will serve you well. Sharing observations with family members as well as asking for their input, will go a long way in maintaining positive communication.

Last, but certainly not least, be sensitive to the individuals you support who may not be enthusiastic about the involvement of their families. Adults who do not have a guardian or conservator, have a right to decide how much family involvement they wants. This may be something you have help individuals and their families work.

Communication with Families

- Regular contact
- Communicate first and often
- Be positive
- Use different methods
- Be honest
- Be an advocate
- Share what you learn
- Show you care

Session #2, Overhead 20

Say

To summarize what we have been talking about, teamwork is an important part of successful person-centered planning.

Do

Show overhead #21
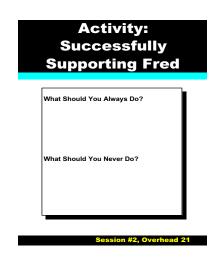
Say

Let's complete one final activity before we end our session. This one is called *Successfully Supporting Fred* (refer to the page number in the resource guide).

After you have divided up into small groups, choose a recorder for this activity. You and your team are working on **A Team Summary** for Fred who lives in the home where you work. This summary will help all staff remember what works and what doesn't work well in supporting Fred.

As a team, write up a list of the most important things that everyone needs to do to be successful in supporting Fred. Once again, make sure that someone role plays Fred and answers your questions with **yes** and **no**. You can look back at Fred's plan. Don't forget diet, health, safety and behavior challenges.

Again, your job is to look over the information about Fred and pull out the things that you think a DSP should always do

Your Presentation Notes

Activity: Successfully Supporting Fred
What Should You Always Do?
What Should You Never Do?

Session #2, Overhead 21

and those things that a DSP should never do when working with Fred.

After about 10 minutes . . .

Say

Okay, what do you have on your lists?

(Note: Use two pieces of flip chart paper or two blank transparencies. As each group shares, write up a summary of *should always do* and *should never do* on the paper or transparency.)

Ask
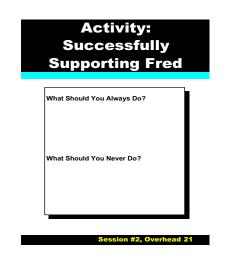
Was that a difficult activity?

How did you decide what to leave in and what to leave out?

Say

We've just talked about several important uses of person-centered planning. Today, we have used it to figure out: (1) what's important to Fred; (2) ideas for both activity scheduling and menu planning; and (3) how to be successful in supporting Fred. It's important to remember that this kind of planning can be done with children and adults and with people with different disabilities.

In our next session, we'll look at how the information from the person-centered planning process is written into an Individual

Your Presentation Notes

**Activity:
Successfully
Supporting Fred**

What Should You Always Do?

What Should You Never Do?

Session #2, Overhead 21

Activity: Successfully Supporting Fred
A Team Summary

After you have divided up into small groups, one of you should be a recorder for this activity. You and your team are working on **A Team Summary** for Fred who lives in the home where you work. This will help all staff remember what works and what doesn't work. It's time to complete a summary for Fred. As a team, write up a list of the most important things that everyone needs to do to be successful in supporting Fred. Once again, make sure that someone plays Fred and answers your **yes** and **no** questions. You can look back at Fred's plan and don't forget diet, health, safety and behavior challenges.

What Should You Always Do?

- Make sure he has a high fiber diet with plenty of fruit and vegetables
- Understand the seizure protocol
- Remember that he cannot have a blood transfusion
- Give him the opportunity to choose outings
- Know that he'll want to leave the house when it's crowded, someone's upset, or when staff changes
- A staff person should always know where he is
- If he takes off his clothes or urinates in public, take him home immediately
- Make sure he uses restroom before leaving house and often in community
- Follow-through on what you promise
- Explain why if you can't do an activity
- Make sure you are ready to go before you tell him it's time to go
- Make sure he gets a chance to exercise each day
- Make sure he drinks lots of water
- Ask him yes or no questions if you cannot understand him

What Should You Never Do?
- Prepare sandwiches made with mayo, mustard, or ketchup
- Make him wait while you get ready to go some place
- Ask him to take out the trash
- Let him take his medication without watching him
- Give him a tuna sandwich in his lunch
- Leave him alone in the house or garage
- Give him peanuts, cheese, dairy products, sugar or caffeine

Program Plan. We will also talk about a way of looking at and improving service quality.

In the back of the *Resource Guide* (refer to the page number, you will find **Joan's Meeting**, which is a summary of a person-centered planning meeting.

Presentation and Review of Optional In-Class Activity

Note: If you have time at the end of this session, here is an optional activity you can use. You could also use this for a homework activity. You can use the teacher's script below for either a wrap-up of this session or as a lead-in to the next session.

Say
At the back of your *Resource Guide* (refer to the page number), you will find an optional activity titled *Looking at Service Quality*. It was adapted from a tool that the Department of Developmental Services offers to service providers and is based on the values of life quality that we talked about at the beginning of this session, like choice, relationships, health and well-being. As you read each of the statements on the checklist, think about the services for people who live in the home where you work. **What do you think most of the time?** about the services and supports for people who live where you work.

Your Presentation Notes

For example, the first question is *We know each person's likes, dislikes, and needs.* Do you think that most of the time, your DSP team at the home **knows** the likes, dislikes and needs of the people you support, or is that something that **could be improved,** or does your team **not currently know** this information.

After about 5 minutes -

Say
Your activity gave you a chance to think about the services you provide at the home where you work. It allowed you to look at those services based on the values of the developmental services system in California. As a team, I would like you to work on the activity titled *Looking at Service Quality* (refer to page number in the resource guide).

As teams, first figure out the number of **yes**, **could be improved** or **no** for each section (for example, CHOICE).

Next, write below the three areas with the highest **yes** numbers. Then, write down the area with highest **could be improved** or **no** number. Finally, come up with some ways that you can think of to improve services in that area.

Your Presentation Notes

Wait about 10 minutes
Say
What did you find out about the areas with the three highest **yes** numbers?

(**Note**: Ask each group and compile the top three areas on a flip chart or blank transparency. When completed, look for trends and similarities in the information.)

It sounds like we have some good quality services in the areas of (name the top vote getters on the list).

Which area could be improved?

(**Note**: Again, ask each group and compile the **could be improved** areas on a flip chart or blank transparency. When completed, look for trends and similarities in the information.)

It sounds like many of you can see room for improvement in the areas (name the most commonly identified area).

Why do you think that's the case?

What are some of the ways that you have come up with as a group to improve services in that area?

Your Presentation Notes

Optional Activity:
Looking at Service Quality
Adapted from Department of Developmental Services (1999)

As you read each of the following statements, think about the services for people who live in the home where you work. **What do you think about those services and supports most of the time?**

	Yes	Could Be Improved	No
CHOICE			
We know each person's likes, dislikes, and needs	☐	☐	☐
Individual choices and preferences are a part of each person's daily life	☐	☐	☐
If individuals cannot communicate, there is someone who helps speak for that person (for example, family member, advocate)?	☐	☐	☐
We all know the goals in each person's Individual Program Plan ?	☐	☐	☐
Each individual has opportunities for making everyday (for example, when to get up, what to wear, what to eat)	☐	☐	☐
Each individual has opportunities for making major life decisions	☐	☐	☐
Training and support in choice and decision-making is provided for individuals as needed	☐	☐	☐
RELATIONSHIPS			
Individuals make contact with family, friends, and community members on a regular basis	☐	☐	☐
Individuals have opportunities to meet new friends	☐	☐	☐
People have a choice of who to spend time with and where	☐	☐	☐
People have the support they need for having contacts with family, friends, and community members	☐	☐	☐
People have the support they need to make new friends and caring relationships	☐	☐	☐
Someone is available and willing if an individual wants to to talk about relationship difficulties (for example, problems with boyfriends or girlfriends)	☐	☐	☐

	Yes	Could Be Improved	No

LIFESTYLE

	Yes	Could Be Improved	No
Each individual has a method of communication and someone to talk to (in their same language)..	☐	☐	☐
Each person has adaptive devices or equipment as needed (for example, a communication device, wheelchair, special eating utensils).......................................	☐	☐	☐
Each individual has opportunities for learning things that lead to greater independence......................	☐	☐	☐
Each person have opportunities for completing everyday life activities on his or her own or with support..	☐	☐	☐
We know the religious or cultural preferences of each person and honor those preferences	☐	☐	☐
Each individual participates in everyday community activities with other community members ...	☐	☐	☐

HEALTH and WELL-BEING

	Yes	Could Be Improved	No
The home accessible and safe for each person who lives there	☐	☐	☐
Each person has opportunities to exercise	☐	☐	☐
Individuals are provided with health care to meet their needs	☐	☐	☐
We all know about the medications (and side effects) used by each individual	☐	☐	☐
Information about safe sex, drugs, and/or alcohol abuse is provided if needed	☐	☐	☐
Each person knows what to do in an emergency or there is someone to help him/her in an emergency	☐	☐	☐

	Yes	Could Be Improved	No
RIGHTS			
Each individual is safe from abuse, neglect, or exploitation	☐	☐	☐
Each person knows his/her rights and responsibilities and is supported in learning about them	☐	☐	☐
Individuals speak up for themselves or receive training or support in speaking up for themselves	☐	☐	☐
Individuals have training or support on what to do if harmed by someone else	☐	☐	☐
Individuals are treated with respect by those who work with him or her and by others in the community	☐	☐	☐
SATISFACTION			
Individuals are satisfied with the services and supports they receive in the home	☐	☐	☐
Friends and family of the individual are satisfied with the services and supports we provide	☐	☐	☐
There are opportunities for the individuals we support to tell us if they are not satisfied	☐	☐	☐
We are satisfied with the services and supports we provide	☐	☐	☐
In general, the people we support are happy with their lives	☐	☐	☐

Resource Guide

Optional Activity:
Looking at Service Quality

As a group, figure out the number of **yes** and **could be improved** or **No** for each section (for example, CHOICE).

	Yes	**Could Be Improved** or **No**
CHOICE	_____	_____
RELATIONSHIPS	_____	_____
LIFESTYLE	_____	_____
HEALTH and WELL-BEING	_____	_____
RIGHTS	_____	_____
SATISFACTION	_____	_____

Now, write below the three areas with the highest **yes** numbers:

_____   _____   _____

Next, write down the area with highest **could be improved** and **no** number:

_____

What are some ways you can think of to improve services in that area?

(**Note**: Ask each group to name the area of improvement and their ideas. Encourage all ideas for service improvement.)

The purpose of this activity was to give you the experience of looking at the services provided in your home using the same values that the State of California uses to look at whether or not services promote individual life quality. Next session, we're going to look at how Individual Program Plans can improve the life quality of individuals you support and your service quality as well.

Practice Questions

Say
In your *Resource Guide* (refer to the appropriate page), you will find some practice review questions about this session.

Please take a few minutes to read the questions and mark your answers on the practice form.

Wait about 5 minutes -

Say
Let's review your answers. **(Note:** The answers are underlined in your teacher's guide.)

Your Presentation Notes

Do

Make sure that all of the questions are answered correctly and review the information as needed.

Ending the Session

Say

Don't forget to look at the key words for the next session. You can find the definitions for a session at the end of the each *Resource Guide.* All of the words for Year 2 are in the **Key Word Dictionary** in the *Resource Guide*, Session #12. Any questions? See you next time.

Your Presentation Notes

Resource Guide

Key Word Dictionary
Person-Centered Planning Session #2

Ask, Observe, Ask Others

The best way to find out about someone's like and dislikes is to ask him or her. When an individual cannot speak for him or herself, it's important for the DSP to spend more time observing activities at the home and the way that people respond to them. If someone is new to the home or it's difficult to figure out his or her preferences, it's important to start writing down preferred choices from the beginning. It's also important to provide those choices again to make sure that your hunches are correct. You will also want to ask others. If there are family and friends, or day program staff who know the person well, remember to ask them questions about preferences. Finally, you may find additional information about preferences in the individual record.

Choice

A choice is a statement of preference. Individuals with developmental disabilities have a right to make choices including where and with whom to live, the way they spend their time each day and with whom, what things to do for fun, and plans for the future.

Communication

Communication is the process of sending and receiving information to others. We communicate for many reasons, including: (1) giving and getting information; (2) expressing feelings; (3) problem solving; (4) teaching; (5) socializing; (6) persuading; (7) decision-making; and (8) building relationships. Regardless of the reason we are communicating, it is important to be clear about the message, and be certain that we understand another person's message to us.

Person-Centered Planning

Person-centered planning is one way of figuring out where someone is going (life goals) and what kinds of support they need to get there. Part of it is asking the person, their family, friends and people who work with him or her about the things she or he likes to do (preferences) and can do well (strengths and capabilities). It is also finding out what things get in the way (barriers) of doing the things people like to do.

Person-Centered Planning Team

Everyone who uses regional center services has a planning team. The people on the team must be the person who uses regional center services (and family members if someone is under 18 years old), the regional center service coordinator (social worker, case manager, or counselor) or someone else from the regional center. The team can also include people who are asked to be there by the individual like family, friends and *direct support professionals.*

Preferences

Preferences are things like how an individual wants to spend time each day, the kinds of food someone prefers, their personal and cultural traditions, family connections, friendships whom they want to spend time with, and their hopes and dreams for the future.

Teamwork

Teamwork is about sharing, cooperating, and helping one another. An effective team is a group of people working together with a common purpose, who value each others contributions and are working toward a common goal. Working through teams usually gets better results than a lot of individual efforts which may be working against each other.

If You Want to Read More About
Person-Centered Planning and Services

A Workbook for Your Personal Passport
by Allen, Shea & Associates (1996) with special thanks to: Patsy Davies, Claudia Forrest, Mark Rice and Steve Sweet

This workbook is for people with developmental disabilities and their friends and families who want to learn more about person-centered planning. It also provides an easy way to work on a first plan.

All My Life's A Circle
Using the Tools: Circles, MAPS & PATHS
This booklet (1994) was written by Mary Falvey, Marsha Forest, Jack Pearpoint, and Richard Rosenberg.

It's all you wanted to know about how these three powerful processes work. Available from Inclusion Press International, 24 Thome Crescent, Toronto, ON, Canada M6H 2S5, tel: (416) 658-5363, fax: (416) 658-5067, e-mail: includer@idirect.com, CompuServe: 74640,1124.

Developing First Plans! A Guide to Developing Essential Lifestyle Plans
by Michael Smull & Bill Allen (1999)

Essential lifestyle planning is one form of person centered planning. It is a way to learn what is important to each person in everyday life. This manual is intended for use by those who have completed training in how to develop plans. It is **not** a substitute for training and should not be used without training. For more information about training, visit **www.allenshea.com** and click on *M. Smull and Friends.*

It's Never Too Early, It's Never too Late!
by Beth Mount and Kay Zwernik (1988) from the Governor's Planning Council on Developmental Disabilities

The goals of personal futures planning are to help someone develop a picture of what the future will look like for him or her, to build a circle of people who will help support that picture or plan, and to take some first steps. For more information on how to use personal futures planning, you can get a copy of this booklet from the Governor's Planning Council on Developmental Disabilities, 300 Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, tel: (612) 296-4018, fax (612) 297-7200.

Listen, Understand, Plan, Support: A Resource Guide on Individual-Centered Planning
developed by Allen, Shea & Associates for CARF . . . The Rehabilitation Accreditation Commission (1996)
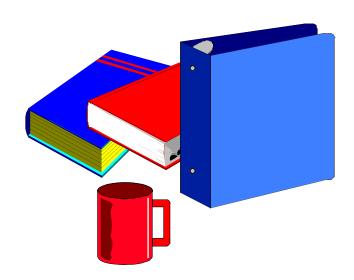
In this resource guide, you will find some general information about: the basic concepts of individual-centered planning; an example of the process from information gathering to plan development; ideas about facilitating a planning team; additional resources you can purchase which will provide more information about planning in this way; some brief articles about planning in different service environments; and several checklists to help you look at your planning process.

My Life Planner; Letting Go; Dream Deck
by Emilee Curtis and Milly Dezelsky (1993)

My Life Planner and *Letting Go* (1993) provide a variety of activities to assist people with developmental disabilities and family members in planning for the future and figuring out more about their preferred lifestyles, interests, and preferences. *Dream Deck* (1993) is a visual approach to finding out more about preferred activities and interests. For information on purchasing these and other great documents, contact New Hats, Inc., P.O. Box 57567, Salt Lake City, Utah 84157-7567

References for this Session

A Workbook for Your Personal Passport
by Allen, Shea & Associates (1996) with special thanks to: Patsy Davies, Claudia Forrest, Mark Rice and Steve Sweet

Developing First Plans! A Guide to Developing Essential Lifestyle Plans
by Michael Smull & Bill Allen (1999)

Lanterman Developmental Disabilities Services Act
distributed by the Organization of Area Boards

Listen, Understand, Plan, Support: A Resource Guide on Individual-Centered Planning
developed by Allen, Shea & Associates for CARF . . . The Rehabilitation Accreditation Commission (1996)

Put in a Good Word for Me
by North Los Angeles County Regional Center

The 10 Minute Guide to Teams and Teamwork
by John A. Woods (1997); Macmillan Spectrum/Alpha Books; ISBN: 0028617398

Direct Support Professional Training
Year 2

Teacher's Resource Guide

Session #3

Person-Centered Planning and Services

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	**Person-Centered Planning and Services**	**3 hours**
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Session:	3
Topic:	Person-Centered Planning and Services

Core
Objectives: Upon completion of this session, the DSP should be able to:

1. Understand the key elements and the role of the
    DSP in the person-centered planning process
2. Work as a team member to maintain accurate
    documentation of individual goal attainment.
3. Understand and participate in the process of
    assessing service quality outcomes
4. Participate as a member of the person-centered
    planning team
5. Understand the role, responsibility and rights of
    parents and other legally authorized representatives
    on the person-centered planning team

Time:

Introduction and Key Words	5 minutes
Review of Regional Center	
and Service Coordinator	5 minutes
History of Individual Plan	10 minutes
Introduction to Person-Centered	
Individual Program Plan	5 minutes
The IPP and the DSP	5 minutes
Goals	5 minutes
Activity: Helping Joe and Bruce Get Ready	
for a Team Planning Meeting	40 minutes
BREAK	15 minutes
Objectives	5 minutes
Activity: First Steps You Can Observe	
and Record	15 minutes
Recording Individual Progress and	
Activity	20 minutes
Things You Can Learn from	
Looking at an IPP	15 minutes
Tips on Successful Writing	5 minutes
Activity: Writing a Team Note	20 minutes
Optional Activity and Discussion	
Practice Questions	5 minutes
Ending the Session	5 minutes
Total Time	**180 minutes**

Materials:
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
- Hard copy of overheads or disk with PowerPoint presentation;
- *DSP Resource Guide* for all class participants; and
- Videotape (VHS) copy of *A Conversation with Joe* and *A Conversation with Bruce.*

Preparation

Instructor should read over the Teacher's Resource Guide, Overheads and Resource Guides before each session. Make sure that you are familiar with all of the information and the instructions for presentation. The information can be presented verbatim or paraphrased as long as the essential content is conveyed.

Introduction

Do
Show overhead #1

Say

Welcome to second session of person-centered planning and services. In our last session, we talked about ways that you can find out about individual preferences, needs and choices through person-centered planning. We also talked about how you can use what you find out in the home where you work. For example, it can be used in scheduling activities, putting together menu plans and helping you be more successful in supporting individuals. This session is about how you can help the planning team put your information to use in a person-centered Individual Program Plan.

Your Presentation Notes

Session 3: Person-Centered Planning and Services

Session #3, Overhead 1

Your Presentation Notes

Key Words

Do

Show overhead #2

Say

Let's review the key words for this session which are:

- Regional Center Service Coordinator
- Person-Centered Planning Team and Individual Program Plan
- Goal
- Services and Supports
- Review Date
- Recording Progress

Throughout this session, we will talk about the key words, what they mean and how they apply to your job as a DSP!

Regional Centers

Do

Show overhead #3

Say

As you may remember if you took the class last year, many of the services for people with developmental disabilities are coordinated through the regional centers. The regional centers are a network of twenty-one, non-profit agencies which were created by the Lanterman Act. If a person is eligible

Key Words

- Regional Center Service Coordinator
- Person-Centered Planning Team
- Person-Centered Individual Program Plan
- Goal
- Services and Supports
- Review Date
- Recording Progress

Session #3, Overhead 2

Regional Centers

- 21 non-profits agencies
- Service coordination
- Planning Team
- Person-Centered Individual Program Plan
- Purchase services and supports written into the IPP and not available in community

Session #3, Overhead 3

(meaning that he or she has a developmental disability or, if a small child, is 'at risk' of having one), regional centers provide individualized planning and service coordination. Service coordinators (or case managers or social workers) help individuals and families with the information and assistance they need to use community services and supports. They are important members of the an individual's planning team.

The planning team develops the person-centered Individual Program Plan or IPP. If a service or support (for example, physical therapy) is needed by someone and it's not available any through the usual ways (for example, through MediCal or private health insurance), the regional center can pay for it. However, the regional center will only pay for the service or support if it is written into the Individual Program Plan. That is one of the reasons why the Individual Program Plan is so important.

Your Presentation Notes

A Brief History of the Individual Plan

Your Presentation Notes

Say

Let's talk for a few minutes about why the Individual Program Plan was developed. In the early 1970's, a number of cases went to court to answer the question:

W*hat is the best way to make sure that individuals with developmental disabilities get the services and supports that they need?*

In the mid 1970's, many federal and state laws were passed to help answer this question.

All of these laws basically say that to make sure that individuals with developmental disabilities get the service and supports they need, a plan must be written that looks at each person's individual needs. This became known as an *Individual Plan.* As the years have passed, lots of different plans have been created. You have probably heard of some of them, like the Individual Education Plan (or IEP) that is used in schools and the Individual Program Plan (or IPP) that is used by the regional centers.

Do

Show overheads #4 and #5

Say

The things that all individual plans have in common are that they:

- are **written down**;

- are developed by everyone involved with the person's life (**a team**);

- outline the things that a person can do well (**strengths, preferences**) and their plans for the future (**life goals**);

- outline the things that get in the way (**barriers**) and things that a person needs help with (**support needs**);

- list the steps that are needed for a person to learn, live or work more independently (**goals, objectives**, services and supports);

- list who will help with the services (**responsibilities**);

- list ways to tell if the services help (**progress towards goals**); and

- state when the plan should be looked at again (**review date**).

Your Presentation Notes

Plans Have in Common . . .

- written down
- developed by a team
- lists strengths, preferences, life goals
- lists things that might get in the way of reaching goals (barriers)
- outlines individual support needs

Session #3, Overhead 4

Plans Have in Common . . .

- goals
- objectives with timelines and who is responsible
- a list of services and supports
- a way to check on progress towards goals
- a review date

Session #3, Overhead 5

Say

To repeat, the importance of individual plans is that they help make sure that each person with a developmental disability gets the kinds of services and supports he or she needs.

Introduction to the Person-Centered Individual Program Plan

Say

The plan that the Regional Center uses and the one that you probably see most often is called the Individual Program Plan or IPP.

Do

Show overhead #6

Say

The person-centered IPP does three important things:

1. lists the choices, needs and preferences of an individual

2. lists the services needed to support the individual's choices, needs and preferences

3. lists progress made toward supporting those choices, needs and preferences

Your Presentation Notes

> **Person-Centered IPP**
>
> **Three important things:**
> 1. lists the choices, needs and preferences of an individual
> 2. lists services needed to support choices, needs and preferences
> 3. lists progress made toward supporting choices, needs and preferences
>
> Session #3, Overhead 6

Do

Show overhead #7

Say

The major parts of the person-centered Individual Program Plan are called:

- **Goals**

- **Objectives**

- **Services and Supports**

- **Review Date**

The IPP and the DSP

Do

Show overhead #8

Say

While in your current job you will not have to write an IPP or a goal or objective, it will be helpful to understand more about the IPP. For example, you may be asked to look at an IPP if you are invited to a planning team meeting. Or, you may be asked to report to the planning team about progress on an individual goal. Our discussion and activities for the rest of this class will help you be prepared for your role in:

- supporting the planning team in getting the information needed to write the IPP;

Your Presentation Notes

**Major Parts
of the IPP**

- Goals
- Objectives
- Services and Supports
- Review Date

Session #3, Overhead 7

**The IPP and
the DSP**

Your job might include:
- supporting the planning team with information needed to write the IPP

- helping individuals get ready for IPP meetings

- working on IPP goals

- recording the progress that you observe on IPP goals

Session #3, Overhead 8

- helping individuals get ready for IPP meetings;

- working on the goals in an IPP; and

- recording any progress that you observe.

The Individual Program Plan affects what you do every day with the people you support.

Goals

Do
Show overhead #9

Say.
Let's talk about how the goals in someone's IPP might be important to you.

Why do you think they are important?

Note: Answers from the class might include: *they tell why you're doing what you're doing* or *they tell you what kinds of things you should be teaching someone*.

Those are all good answers.   One of the most important things for the DSP to know about goals is that they tell you **the things that people want to do or learn**. For example, if an individual and his or her

Your Presentation Notes

Goals

- a goal might be:
  - something that someone wants to do or learn
  - a choices that someone makes about his or her life
- IPP goals tell the DSP what kinds of support an individual needs (for example, teaching a new skill)

Session #3, Overhead 9

---

planning team write an IPP goal that *the individual wants to learn how to take the bus to work*, teaching that skill might become a part of your job.

Goals also tell you about **the choices that people make in their lives**. For example, if an individual and his or her planning team write a goal that the individual chooses to join a certain church, supporting that choice might become a part of your job.

So, as you can see, the goals that are written into an IPP can change what you do every day.

Activity: Helping Joe and Bruce Get Ready for a Planning Team Meeting

Say

Now we'll work on an activity that demonstrates how you can support an individual in getting ready for a planning team meeting. First, we'll watch two videos we saw last session called *A Conversation with Joe* and *A Conversation with Bruce*. Once again, you will see brief conversations with Joe and Bruce and members of their planning teams talking to them about their choices, needs and preferences.

Your Presentation Notes

IMPORTANT NOTE

Before you start *Getting Ready for a Planning Team Meeting*, please mention the following to your class:

In this session, we will practice team meetings using role play. When you are playing the role of an individual with disabilities, remember that the purpose is to give you a chance to practice in situations that are as realistic as possible. In no way are the role play activities meant to demean or show disrespect for individuals with disabilities. The activities are only to create as real a situation as possible in order to learn the skills of teaching a new task.

In the *Worksheets and Activities* section of your *Resource Guide* (please refer to the page), you will see two activity sheets titled *Getting Ready for a Planning Team Meeting.* These are the worksheets for this activity.

Do
Show video titled *A Conversation with Joe*

Say
Now, divide up into small groups and choose someone to be a recorder for this activity. Your job is to help Joe think about things he would like to talk about at his next planning team meeting. The team will use this information to help Joe write his person-centered Individual Program Plan. Since person-centered planning always includes the person, someone in your group needs to play Joe. You can ask Joe questions about things he might want to talk about at his next planning meeting. As a group, write up <u>two of your ideas</u>. Here's a hint, think about: (1) the kinds of things Joe likes to do in the community; and (2) some opportunities for learning new things to support his health

Okay, begin your work.

Wait for about 10 minutes and
Say
What ideas did you and Joe talk about?
(**Note**: Write up the group ideas on flip chart

Your Presentation Notes

paper or a blank transparency. Ask why the group thinks Joe might be interested in each idea.

Participants will likely mention learning how to drive a car. The second idea might be learning more about health and nutrition or joining a club or organization that has to do with his community interests.

Say
Those are all good ideas for things to talk about at Joe's next planning team meeting.

Note: If not mentioned, state the ideas that you will find on the following page.

Do
Show video titled *A Conversation with Bruce*

Say
Okay, help Bruce think about some ideas to discuss at his next team planning meeting. This time, just write up one possible idea. Think about the kinds of things Bruce likes to do in the community and some ways to expand on those activities.

Since person-centered planning always includes the person, someone in your group needs to play Bruce. You can ask Bruce questions about possible ideas for his next

Your Presentation Notes

Activity:
Getting Ready for a Planning Team Meeting

After you have seen the video about Joe, divide up into small groups and choose someone to be a recorder for this activity. Your job is to help Joe think about things he would like to talk about at his next planning team meeting. The team will use this information to help Joe write his person-centered Individual Program Plan. Since person-centered planning always includes the person, someone in your group needs to play Joe. You can ask Joe questions about things he might to talk about at his next planning meeting. As a group, write up <u>two of your ideas</u>. Here's a hint, think about: (1) the kinds of things Joe likes to do in the community; and (2) some opportunities for learning new things to support his health.

Possible ideas for Joe to talk about at his next team planning meeting:

Learn how to drive a car.
He mentioned that he would like to learn to drive.

Learn more about diet and nutrition.
He mentioned that sometimes he has problems with his stomach after eating.

Join a health club.
He mentioned that he has a lot of athletic interests.

Join a recreation sports team (e.g., baseball, basketball).
He mentioned that he likes to play ball.

Join a runner's club.
He mentioned that he jogs every day.

Join a self-advocacy group.
He talks about racism and problems on the bus.

team planning meeting.

Okay, begin your work.

**Wait for about 10 minutes and
Say**
What ideas did you and Bruce talk about?

Do
Write up the possible ideas on flip chart paper or a blank transparency. Ask why the group thinks Bruce might be interested in those ideas. Participants will likely mention a goal about getting a new job or getting married.

Note: If not mentioned, state the ideas that you will find on the following page.

Say
More good ideas for Bruce to talk about with his team as they work together on his person-centered IPP.

We've completed an activity that gives you an idea of how you might support someone in getting ready for an IPP meeting. Also, you can see how that information can be useful for the planning team in writing up goals which reflect an individuals choices, needs and preferences.

Your Presentation Notes

Activity:
Getting Ready for a Planning Team Meeting

After you have seen the video about Bruce, divide up into small groups and choose someone to be a recorder for this activity. Your job is to help Bruce think about things he would like to talk about at his next planning team meeting. The team will use this information to help Bruce write his person-centered Individual Program Plan. Since person-centered planning always includes the person, someone in your group needs to play Bruce. You can ask Bruce questions about things he might to talk about at his next planning meeting. As a group, write up <u>one of your ideas</u>. Think about the kinds of things Bruce likes to do in the community and some ways he could expand those activities.

A possible idea for Bruce to talk about at his next team planning meeting:

Get a new job.
He talks about wanting to work at Toys-R-Us.

Go to a music concert.
He talks about his favorite music and that he likes to dance.

Make plans to get married.
He talks about his plans to marry his girlfriend.

Join a bowling league.
He talks about bowling on the weekends.

BREAK for 15 minutes

Objectives

Do
Show overhead #10

Say
Objectives are the steps needed to move toward a goal. An objective has a date written into it so the individual and his or her planning team will know if the goal is getting closer.

A goal might be that Joan wants to save money for her vacation trip.

A first step (objective) might be that by the end of January, Joan will open a savings account.

A goal might be that Travis wants to join a church.

A first step (objective) might be that by the end of June, Travis will have a chance to visit four churches on Sunday.

Say
Objectives also influence what you do as a DSP every day. IPP objectives tell you what you need to observe and record for the goals and objectives of the individuals you support.

Your Presentation Notes

Objectives

- **steps to reach a goal**
  - Joan wants to save money for her vacation trip.
    - A first step (or objective) might be that by the end of January, Joan will open a savings account.
  - Travis wants to join a church.
    - A first step (or objective) might be that by the end of June, Travis will have a chance to visit four churches on Sunday
- **tell the DSP how to record progress**

Session #3, Overhead 10

These are the things you need to document and write down.

For example, if you were with Joan the day she opened her bank account, you would need to record that activity. You have observed the completion of an objective or a step towards her goal of saving money for a vacation. This is important information for the planning team to know when they meet again to talk about progress on Joan's IPP goals.

Activity: Recording What You Observe

Say

In the *Worksheets and Activities* section of your *Resource Guide*, you will find an activity titled *Recording What You Observe*.

Your job is to <u>come up with a first step that a DSP might observe or do for each of the goals</u> listed on the worksheet. These would be things that you could write down in a daily log or a staff note.

Okay, begin your work.

Your Presentation Notes

Wait for about 10 minutes and
Say
Let's find out what first steps you wrote down as a team.

Discuss
After each group reports a first step, ask the large group: "Is that a possible first step towards reaching the goal?" There are some possible first steps listed on the following page.

Say
Again, this information will be important for the next team planning meeting when they talk about progress on IPP goals.

Recording Individual Progress

Say
We're going to talk more about the importance of the Individual Program Plan in your every day work and we're going to do that through activities.

Say
As we just talked about in our last activity, an important responsibility you have as a DSP is to help record individual progress through a staff log or progress note or on a data sheet. We discussed how this information helps the individual and the planning team figure out if

| Your Presentation Notes |

Activity:
Recording What You Observe

Your job is to <u>come up with a first step that a DSP might observe for each of the goals</u> below. These would be things that you could write down in a daily log or a staff note. This information will be important for the next team planning meeting when they talk about progress on IPP goals.

Goal: Learn how to drive a car.
A first step toward the goal that a DSP could observe and record:

Going to the DMV to get the booklet of laws about driving.
Getting a learner's permit.
Finding out what you need to do to get a license.

Goal: Learn more about diet and nutrition.
A first step toward the goal that a DSP could observe and record:

Getting a book about diet in easy-to-understand language.s
Talking about nutritious and non-nutritious foods.
Starting a daily log about what foods that are eaten at each meal.
Plan a menu that is healthy.

Join a health club.
A first step toward the goal that a DSP could observe and record:

Find out where the health clubs are located.
Visiting a health club.
Setting up a budget to save the money needed to join a health club.

goals and objectives are on target or if changes need to be made in the plan. We're going to work on another activity about documenting progress by looking at progress recorded on a easy-to-use data sheet.

Please turn to the *Worksheet and Activity* section in your *Resource Guide* (please refer to the page number) to the activity titled *Looking at Individual Progress.*

We'll divide into our small teams again for this activity. On the two pages of that activity, you will find an example of an individual progress record from a community care home.

The example you will see is about a man named Vernon. He talked to his planning team about doing more for himself. They suggested that shaving would be a good start and he agreed. As you can see, the objective for shaving is broken down into small step and that progress has been recorded on a regular basis. Your job as a group is to look at the progress record and to answer these four questions.

Your Presentation Notes

Activity:
Looking at Individual Progress

As a DSP, you will be asked to provide information to the team about individual progress on goals and objectives. On the following page is an example of an individual progress record from a community care home. Vernon has decided that he wants to do more for himself and that shaving would be a good start. As you can see, the objective for shaving is broken down into steps (task analysis) and information about progress has been collected on a regular basis. Your job as a team is to look at the progress record and to answer the questions below:

1.   What has happened with Vernon's **level of independence** over time?

   The level of independence has increased over time.

2.   What steps in the process of shaving are difficult for Vernon?

   Getting the shaver and f*eeling for unshaven beard.*

3.   What creative things could you do to help Vernon be more successful on those steps?

   For example, using a picture board to help prompt Vernon to get the shaver and feel his face for unshaven beard.

4.   Should this objective be continued? Why or why not?

   You might get answers justifying yes and no. If yes, it should be continued to see if you can increase his independence. If no, some may think he has reached his highest level of success and it's time to move on. However, there really hasn't been enough time (only one week on this data sheet) to decide about moving on with another

I

Teaching Plan and Individual Progress Record

Name: <u>Vernon Mayberry</u>   Goal: <u>Vernon wants to do more for himself</u>

Objective: <u>Learn to shave himself by June 30th</u>

"**+**" = independent   "**O**" = Needs a prompt

Task Analysis:

	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	5/10
1. <u>Gets shaver</u>	0	0	0	0	0	0	0	0	0	0
2. <u>Plugs in shaver</u>	0	0	0	0	0	+	+	+	+	+
3. <u>Turns on shaver</u>	+	+	+	+	+	+	+	+	+	+
4. <u>Shaves faces</u>	+	0	0	0	+	+	+	+	+	+
5. <u>Feels for unshaven beard</u>	0	0	0	0	0	0	0	0	0	0
6. <u>Turns off shaver</u>	0	0	0	0	+	+	+	+	+	+
7. <u>Puts shaver away</u>	0	0	0	+	+	+	+	+	+	+
8. _____										
9. _____										
10. _____										
11. _____										
12. _____										
13. _____										
14. _____										

Do

Show overhead #11

Say

1. What has happened with Vernon's **level of independence** over time?

2. **What steps** in the process of shaving **are difficult** for Vernon?

3. What **creative things could you do to help Vernon be more successful** on those steps?

4. Should this **objective be continued?** Why or why not?

Go ahead and get to work.

Wait about 10 minutes and

Say

What did you get for the answer to the first question? (**Note**: See answers on the following page. Move through all of the questions and make sure that participants understand the answers.)

Say

As a DSP, you may have a number of responsibilities in the IPP process. You may help develop the plan as a team member. You will certainly have some responsibilities in carrying out the plan. You may also be asked to help the team figure out if there is

Your Presentation Notes

Activity: Looking at Individual Progress

1. What has happened with Vernon's level of independence over time?

2. What steps are difficult for Vernon?

3. What could you do to help him be more successful?

4. Should this objective be continued? Why or why not?

Session #3, Overhead 11

progress on individual's goals and objectives. That's why it's important to know something about the Individual Program Plan and how it relates to your work. Let's spend some time looking at a person-centered IPP.

Things You Can Learn From Looking at an IPP

Say

In each individual's file, there is a copy of the most current person-centered Individual Program Plan. You should be familiar with the plan for each individual you support. It will be very helpful to you in supporting the individuals who live where you work.

In your *Resource Guide* (refer to the page number), you will find some information from Fred's IPP. To remind you about Fred, he is almost 30 years old. He has autism and some behavior that is challenging to the people who work with him. He does not use words, but uses a few signs and gestures to communicate. He can do a lot of things for himself if you remind him.

Say

This activity will give you a chance to read some information from Fred's IPP that would be helpful to you in working with him.

Please turn to the *Worksheets and Activity*

Your Presentation Notes

section of the *Resource Guide* to the activity titled *Fred's IPP and Your Responsibilities in Supporting Him* (please refer to page number). As a group, choose a recorder and answer those questions based on what you learn from Fred's IPP.

Wait about 5 minutes and

Say
Okay, what are your answers to these questions?

Do
Show overhead #12 and #13

Note: You will find the answers on the page following the excerpts from Fred's plan. This should be a large group discussion. The importance of this activity is to learn more about the IPP and its relevance to the DSP. By looking at the IPP, the DSP can learn a lot about his or her daily responsibilities in supporting individuals who live at the home.

Say
As you can see, the Individual Program Plan can provide you with the kind of information you need to successfully support someone.

Your Presentation Notes

Activity: Fred's IPP

• What kinds of things would Fred like to help you do?

• What do you need to know about Fred when he is taking his medication?

• If you don't watch what Fred eats, what can happen?

Session #3, Overhead 12

Activity: Fred's IPP

• What kinds of community activities does Fred like?

• If going to the mall, any concerns?

• What support does Fred need in the community?

Session #3, Overhead 13

Excerpts from Fred's Person-Centered
INDIVIDUAL PROGRAM PLAN

Things We Know About Fred at Home

Fred participates in a variety of household chores (for example, helps cook dinner, set the table, make his bed, do the laundry). While he can complete many of these chores without many prompts, he needs to be in the company of support staff at all times as he will exit the house without warning. Fred need some help with personal care, washing his hair, putting on lotion after showering, tooth brushing, but it's very important that he do as much as he can on his own.

Things We Know About Fred's Health

He currently takes seizure medication on a daily basis. He will spit out his medication if not supervised. He is in basic good health, but needs supervision in what he eats in order to prevent severe constipation.

Things We Know About Fred's Social Life

Fred likes to be on the go every day of the week. He loves to hop in the van and go someplace after work and several times on the weekend. He particularly likes to help shop for groceries, hike, take short walks, swim, eat out in restaurants. He needs support when ordering food, making purchases and staying with the group. He sometimes takes off clothes in public, takes food he likes from others in a restaurant, and urinates in public.

Activity:
Fred's IPP and
Your Responsibilities in Supporting Him

As a team, look at and talk about Fred's person-centered IPP so that you can answer the following questions.

What kinds of things would Fred like to help you do around the house?

Fred likes helping staff with a variety of household chores, for example, cooking dinner, setting the table, making his bed, and doing the laundry.

What do you need to know about Fred when he is taking his medication?

If you don't watch, he will spit it out.

If you don't watch what Fred eats, what can happen?

He needs supervision in what he eats in order to prevent severe constipation.

What kinds of community activities does Fred like?

Fred likes to be on the go every day of the week. He loves to hop in the van and go someplace after work and several times on the weekend. He particularly likes to help shop for groceries, hike, take short walks, swim, eat out in restaurants.

If you were going to take Fred to the mall, what concerns might you have?

Taking food he likes form other people. Taking his clothes off. Wandering away from staff. Having a seizure.

What kinds of support does Fred need from you during community activities?

He needs support when ordering food, making purchases and staying with the group.

.

Tips on Successful Writing

Say

As we have already talked about, one of your responsibilities as a DSP is to record what happens to the individuals you support. You may be writing something daily or weekly about: (1) progress on individual IPP goals; or (2) things that are and are not going well for an individual; or (3) good ways that you have found to work with an individual. You might also need to write up a special incident or information about a doctor's appointment or a community activity. Whether you are writing a progress note, filling out a community activity log, or a special incident report, it's important to know how to write well. Here are some general tips:

Do
Show overhead #14

Say

1. **Know who you are you writing to**
   Other staff? A service coordinator at the regional center? Are you writing to a family of someone you support? Think of what you write as though you're having a face-to-face conversation with the person. If you can write it that way, it should be easy to understand.

Your Presentation Notes

Successful Writing

- know to who you are writing
- know what you're writing about
- get to the point
- be respectful & courteous
- use a 'checker' if using a computer
- use the active voice
- stick to the facts

Session #3, Overhead 14

2. **Know what you're writing about**

   For example, if you're writing about a special incident, make sure you know everything that happened before you write it down.

3. **Get to the point**

   Start off your first sentence with the point you want to make. Use short and familiar words instead of long or unusual ones. This helps keep your writing clear and to the point.

4. **Be respectful and courteous**

   You may be feeling strong emotions when writing something, but keep it positive. Remember that you are producing a written record for others to see.

5. **Use a spell and grammar checker if you use a computer**

   If you are using a computer and a word processor application, use the spell check and the grammar check if there is one. A reader will lose interest in what you have to say if there are a lot spelling, grammar, or punctuation errors.

Your Presentation Notes

6. Use the active voice

Unless you're writing something like a legal document, it's best to use the active voice in your writing. Here is an example:

Active Voice
I visited with the family at their home.

Passive Voice
The visit took place at the family home.

As you can see, an active voice sounds more conversational.

7. Stick to the facts

Write what you see and observe and not what you feel or think.

Do
Show overhead #15

Say

8. Last, but certainly not least - always use **people first language**: people first, disability second.

Say

On our last activity, you'll get a chance to practice these successful writing tips. In the *Worksheets and Activities* section of your *Resource Guide* (please refer to the page number), you will find an activity titled *Write a Team Note in About Fred.*

People First, Disabilities Are Second

Label jars . . . not people

Session #3, Overhead 15

Resource Guide

Activity:
Write a Team Note About Fred

After you have divided up into teams, one of you should be a recorder for this activity. You can look at the excerpts from Fred's Individual Program Plan to complete this activity. It will remind you of the things that Fred likes to do in the community. Write a weekly note that sums up how you have worked with Fred on this goal. Use your creativity and knowledge about Fred to make it sound like it really happened. Don't forget to use the successful writing tips to make it respectful, clear and easy-to-understand.

Weekly Team Note

Name of Individual: <u>Fred Jones</u>   **Dates: <u>10/12/00 -10/18/00</u>**

Goal: **Fred will have more opportunities to participate in preferred community activities.**

Objective: Fred will have an opportunities to participate in a community activity seven days a week by 6/30/2001.

What happened on this goal this week:

After you have divided up into teams, one of you should be volunteer to be a recorder. You can use Fred's Individual Program Plan to complete this activity. Write a note that sums up how you have worked with Fred on one of the goals over the last week. Use your knowledge and creativity about Fred to make it sound like it really happened over the last week. Don't forget to use the things you have learned about successful writing tips to make it respectful, clear and easy-to-understand.

Do
Show overhead #16

Say
These are the things you should include in your note:

- What activities were provided?

- Which did Fred enjoy? not enjoy?

- Any challenging behaviors that got in the way?

- After writing the note, the team should review its note by asking -

  - Did we follow the 8 steps of successful writing?

  - Could another DSP learn something from this note about supporting Fred?

Your Presentation Notes

Activity: Your Weekly Note Should Cover -

- What activities were provided?
- Which did Fred enjoy? not enjoy?
- Any challenging behaviors that got in the way?
- After writing the note, ask -
  - Did we follow the 8 steps?
  - Could another DSP learn something from this note about supporting Fred?

Session #3, Overhead 16

(**Note**: Leave up overhead #16 during the activity.)

Wait about 10 minutes and

Say

Okay, which team would like to read their note first?

Note: After each group reads their notes, ask the large group feedback. Did answer the questions (e.g., activities, challenging behaviors) Was it to the point? Was it respectful? Was it easy to understand? Did it give you a clear picture of what happened? Could another DSP learn something from it?

Do
Show overhead #17

Say

In these last two sessions, we have talked about the important role of the DSP in the person-centered planning and IPP process. You've also had a chance to participate in all of the parts of the process. To review your role in the IPP process, it's

- gathering information in the planning process;

- carrying out the plan providing opportunities for individual choice

Your Presentation Notes

> **Role of DSP in IPP Process**
>
> - gathering information in the planning process
> - carrying out the plan by providing opportunities for individual choice and preferred activities
> - recording individual progress
>
> Session #3, Overhead 17

and preferred activities; and

- documenting progress.

Presentation and Review of Optional In-Class Activity

Note: If you have time at the end of this session, here is an optional activity you can use. This would be used for participants who might want to learn more about developing IPPs and writing objectives. You could also use this for a homework activity. You can use the teacher's script below for either a wrap-up of this session or as a lead-in to the next session.

Optional Activity: Writing An Objective

Say
Let's take a few minutes and complete an activity that will give you a chance to practice writing an objective. This would not be something you would likely do until you are supervising a home. You can find it in your *Resource Guide* in the *Worksheets and Activities* section and it's titled *Optional Activity: Practice Writing An Objective* (please refer to the appropriate page number).

Your Presentation Notes

After you break into your teams, your job is to <u>write an objective (or first step) for each of the three goals</u> on the activity sheet. **Remember, objectives are the steps needed to move toward a goal.** For this activity, please include a time line (for example, By July 5th, Martin will . . .).

Wait about 10 minutes and
Say
What objectives did you come up with?

Note: There are some possible objectives presented on the following page. As each group reports on an objective, ask "Is that a possible first step towards reaching the goal? Did it include a time line?"

Say
To review, goals are broad statements about what someone wants to do or learn and objectives are the steps it will take to reach the goal.

Practice Questions

Say
In your *Resource Guide* (refer to the appropriate page), you will find some practice review questions about this session.

Please take a few minutes to read the questions and mark your answers on the practice form.

Your Presentation Notes

Optional Activity:
Practice Writing An Objective

Your job as a team is to <u>write an objective (or first step) for each of the goals</u> below. **Remember, objectives are the steps needed to move toward a goal.** For this activity, include a time line (for example, By July 5th, Martin will . . .).

Goal: Bill wants to get a job at Taco Bell.

Possible Objective:

By May 4th, 2000, Bill will pick up an application to three Taco Bells in the area where he lives.

Goal: Fernando wants to cook a meal for his girlfriend on her next birthday.

Possible Objective:

By April 6th, 2000, Fernando will make a dinner menu of his girlfriend's favorite foods.

Goal: Sylvia wants to learn to swing dance.

Possible Objective:

By August 15th, 2000, Sylvia will be signed up for two lessons at the Community Center.

Wait about 5 minutes -

Say

Let's review your answers. **(Note:** The answers are underlined in your teacher's guide.)

Do

Make sure that all of the questions are answered correctly and review the information as needed.

Ending the Session

Say

Don't forget to look at the key words for the next session. You can find the definitions for a session at the end of the each *Resource Guide.* All of the words for Year 2 are in the **Key Word Dictionary** in the *Resource Guide*, Session #12. Any questions? See you next time.

Your Presentation Notes

Resource Guide

Key Word Dictionary
Person-Centered Planning Session #3

Goal

Goals are the things that people want to do in the next few years. They are the choices that people make about where to live, what to do during the day, who to spend time with, what to do for fun and hopes and dreams

Objective

Objectives are the steps needed to move toward a goal. An objective needs to have a date written into it so the team will know if the goal is getting closer.

Person-Centered Individual Program Plan

The person-centered planning process helps the team figure out the preferences, needs and choices of an individual. Once that process is completed, the team talks about the kinds of services needed to support the person now and in the future and the person-centered Individual Program Plan is developed. The plan includes: (1) kinds of services and supports the individual needs, (2) who will provide each service and support, and (3) how these services and supports will assist the individual to have opportunities to experience what is important to him or her and to get moving towards his/her goals for the future.

Recording Progress

As a DSP, you will be asked to provide information to the team about individual progress on goals and objectives. This is usually done by writing progress notes on each individual. In progress notes, you will be writing about: (1) progress on individual goals; or (2) things that are and are not going well for an individual; or (3) goods ways that you have found to work with an individual.

Regional Center

In California, many services for people with (or 'at risk') of a developmental disability are coordinated through a network of twenty-one, non-profit Regional Centers established by the Lanterman Act. If a person is eligible, Regional Centers provide planning and related services, including service coordination.

Regional Center Service Coordinator

Service coordinators (sometimes called case managers or social workers) help individuals and families with the information they need to use community services and supports. In addition to helping develop the Individual Program Plan (IPP), service coordinators help arrange for the services and supports mentioned in the IPP.

Review Dates
The IPP should have written into it some times or review dates, when everyone on the team will get together and look at how things are going. This is a time to find out if the individual (and their family if someone is under 18) is happy with their current services and supports and if there is progress towards individual goals. If things aren't going well on one of the goals or if someone is unhappy with their services and supports, then it may be time to change the plan and the services and supports.

Services and Supports
There are many kinds of ***services and supports*** that can be listed in an Individual Program Plan, depending on the support needs of the individual. Some of those services and supports are*: (1) **a place to live** (for example, emergency housing, foster family, group home, supported living, help in finding a place, homemaker services); (2) **a place to learn or work** (for example, education, day program, workshop, supported employment, competitive employment); (3) **getting around** (for example, transportation, travel training, recreation, adaptive equipment); and, (4) **staying healthy** (for example, counseling, mental health services, medical or dental services.

If You Want to Read More About
Person-Centered Planning and Services

Learn the Basics, Learn the Process, Apply What You Learn: Service Coordination Orientation and Training Curriculum
by the Southern California Training and Information Group (1999)

A three part guide for regional center service coordinators on the many aspects of that work from problem-solving to purchase-of-service.

More Than a Meeting: A Pocket Guide to the Person-Centered Individual Program Plan
Prepared by the California Department of Developmental Services (1994)

A guide for individuals and families on the person-centered planning process and the Individual Program Plan.

References for this Session

Lanterman Developmental Disabilities Services Act
distributed by the Organization of Area Boards

Learn the Basics, Learn the Process, Apply What You Learn: Service Coordination Orientation and Training Curriculum
by the Southern California Training and Information Group (1999)

More Than a Meeting: A Pocket Guide to the Person-Centered Individual Program Plan
Prepared by the California Department of Developmental Services (1994)

Put in a Good Word for Me
by North Los Angeles County Regional Center

Direct Support Professional Training
Year 2

Teacher's
Resource Guide

Session #4

Communication,
Problem-Solving and
Conflict Resolution

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	**Communication, Problem-Solving and Conflict Resolution**	**3 hours**
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Session: 4

Topic: Communication, Problem-Solving and Conflict Resolution

Core
Objectives: Upon completion of this session, the DSP should be able to:

1. Demonstrate a knowledge of various means of effective communication (e.g., a basic communication system using pictures and sign language)
2. Demonstrate effective communication skills (e.g., active listening)
3. Demonstrate the ability to modify his/her communication to ensure understanding
4. The DSP encourages and supports problem solving and coping skills (e.g., conflict management, decision-making strategies)

Time:

Introduction, Review of Year 1 Materials	10 minutes
Key Words	5 minutes
Communication Systems and Activity	20 minutes
Sign Language Activity	15 minutes
Active Listening	25 minutes
BREAK	15 minutes
Conflict Management	20 minutes
Teaching Problem-Solving	20 minutes
Coping Strategies	20 minutes
Optional Activity and Discussion	15 minutes
Practice Questions	10 minutes
Ending the Session	5 minutes
Total Time	180 minutes

Materials:

- Overhead Projector or LCD Projector with compatible laptop computer and Powerpoint application;
- Hard copy of overheads or disk with Powerpoint presentation;
- Some blank overheads, a flipchart, or chalkboard with markers, chalk, etc.;
- *Resource Guide* for all class participants;
- Paper punch
- Index cards (4 x 6)
- Cardboard
- Magazines with pictures of everyday life activities to be used for communication cards; and
- Assorted colored markers

Preparation

Instructor should read over the presentation outline, becoming thoroughly familiar with the information and instructions for the presentation. The information could be presented verbatim or paraphrased, as long as the essential information is conveyed.

Your Presentation Notes

Introduction

Do

Show overhead #1

Say

Welcome to Session #4. In this session, we will be focusing on various forms of communication, communication skills and how to use communication effectively in solving problems and conflicts.

> Session 4: Communication, Problem-Solving, and Conflict Resolution
>
> *Session #4, Overhead 1*

Key Words

Say

In year 1 of the Direct Support Professional Training curriculum, the key words and concepts about communication were:

Do

Show overhead #2

- **Verbal and Non Verbal Communication** – how people let others know what they want with or without words

> **Key Words -Year 1**
>
> - Verbal and Non-verbal Communication
> - Communication and Behavior
> - Active Listening
> - Speech and Language Disorders
> - Communication System
>
> *Session #4, Overhead 2*

- **Communication and Behavior** – what behavior tells us about what a person wants (like smiling might mean the person is happy)

- **Active Listening** – beyond hearing the words is understanding the meaning

- **Speech and Language Disorders** – both in speaking and understanding

- **Communication Systems** – tools for assisting people to help DSPs know what they want

Throughout this session, we will talk about the key words, what they mean and how they apply to your job as a DSP!

We learned that in order to support people with developmental disabilities, we may need to know more about how an individual communicates. For an individual who communicates using words that are easily understood, the task is simpler. We have to work harder to understand the messages from individuals who rely on gestures, signs, and facial expressions to communicate.

We also talked about how to keep our communication with others easy to understand.

We learned that a person's behavior is often a way for that person to communicate.

Your Presentation Notes

Key Words -Year 1

- **Verbal and Non-verbal Communication**
- **Communication and Behavior**
- **Active Listening**
- **Speech and Language Disorders**
- **Communication System**

Session #4, Overhead 2

Through behavior, a person can communicate what they want, what they don't want and when they want attention.

Let's also review a few of the tips for assisting the individuals with whom you work to use communication effectively.

Do

Show overheads #3 and #4

Communication Tips

- Use words to identify how the person feels (sore, hurt, tired....)

- Use all chances to identify objects in daily routine

- Use appropriate words as you assist the person (dressing, serving meal)

- Point to pictures of objects in books, saying them distinctly

- Point out objects while on a walk, in car, at park, at store

- Speak in short sentences when giving directions

- Be sure to pronounce the entire word

- Acknowledge progress in making sounds, pronouncing words

- Be sure your movements are simple when training

Your Presentation Notes

Communication Tips

- Use words to identify how a person feels (hurt, tired....)
- Identify objects in daily routine
- Use words when assisting (cooking....)
- Point to pictures or objects, say words distinctly
- Point out objects while on walk, in car, at park, at store
- Ask person to watch as you pronounce word

Session #4, Overhead 3

Communication Tips, continued

- Speak in short sentences when giving directions
- Be sure to pronounce entire word
- Encourage progress
- Make movement simple when teaching
- Encourage use of all senses
- Listen carefully to what person says or tries to say

Session #4, Overhead 4

- Encourage people to use all of their senses

- Listen carefully to what the person says or attempts to say

Key Words

Do
Show overhead #5

Say
For today's session, we'll be learning more about how to support the individuals we work with in becoming successful communicators.   The key words today are:

- **Communication Systems** – ways in which we can understand the people we support

- **Sign Language** – one way for people without verbal skills to communicate and the gestures people use

- **Active Listening** – to REALLY hear and understand a person's message to you

- **Conflict Management** – how to work with the difficulties when people don't agree

- **Decision Making** – what goes into deciding something and how to assist someone

- **Coping Strategies** – to help people learn how to handle difficult situations

Your Presentation Notes

Key Words

- Communication Systems
- Sign Language
- Active Listening
- Conflict Management
- Decision Making
- Coping Strategies

Session #4, Overhead 5

Say

Communication is a key to meaningful participation in life, in community activities, and in developing relationships. Encouraging communication is easy. Each time the DSP and the individual are together is a chance to initiate communication and to assist that person to communicate in a way that is meaningful, to him or her.

Do

Show overhead #6

Say

What things should we be teaching people about communication:

- Reasons for communicating, for example, asking for information on how to find something in a store

- Social skills involved with communication, for example, taking turns talking during a conversation
  - How far to stand away from someone when talking to them
  - How to make choices
  - How to express feelings
  - When it's okay to be loud
  - When should someone be quiet

Most of all, we want to assist people to control and participate more effectively in his or her environment in the most meaningful way possible. What we teach is as important as how we teach it. If a person is

Your Presentation Notes

What to Teach?

- Reasons for communicating
- Social skills that are a part of communication
  - How far to stand away from someone
  - How to make choices
  - How to express feelings
  - Voice level (e.g., how loud, when to be quiet)

Session #4, Overhead 6

communicating through pictures or graphic symbols, we may need to spend more structured time to assure that the symbol used matches what the person wants to communicate. We would also want to use those symbols throughout the day for routines and activities, so that there are many chances to practice them. For someone who is learning to make choices through facial expressions, we would also want to make sure that there are a number of chances for him or her to make a choice and to practice the facial expression.

Communication Activity

Do
Hand out magazines, index cards and colored markers

Say
Your work for the next few minutes will be in small groups of 3 or 4.

For some of the individuals we support, we may need to use symbols or pictures as a way for the person to communicate.
Your job is to develop a communication board using the materials here or creating symbols that work. The communication boards that are used by individuals include handmade ones (for example, using

Your Presentation Notes

cardboard, file or index cards, a small booklet) or professionally made (for example, an electronic device).

Remember to create opportunities for indicating preferences and making choices. Your board might have a way for the person to say "yes" or "no," to choose from among options presented. Your groups will reflect the variety of people each of you support.

Do
Show overhead #7

Say
The purpose of the communication board you are making is to provide an individualized way for someone to 'talk' to others.

It's based on individual preferences and activities.

The goal of this communication board is to support choice-making and interacting with others.

Do
Show overhead #8
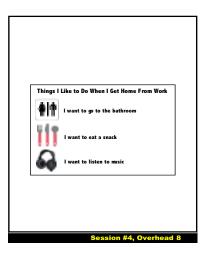
Say
Here is a sample of a board that was developed to help someone tell others what

Your Presentation Notes

Communication Boards

- Purpose of the board:
  - provide an individualized way for someone to 'talk' to others
- Based on individual preferences and activities
- Supports choice-making and interacting with others

Session #4, Overhead 7

Things I Like to Do When I Get Home From Work

I want to go to the bathroom

I want to eat a snack

I want to listen to music

Session #4, Overhead 8

he wants to do when he first gets home from school or work in the afternoon.

The individual using this board provided the examples for it. It is important for the individual to be the creator of what is included on any type of communication board in order for it to work as an effective communication too. In this situation, the DSP knows from observation that he might want to have a snack, go to the bathroom or listen to music.

In the first year of this training series, participants used pictures to tell others about themselves. This time, the pictures on your cards (communication boards) will be used to show the order in which activities occur. At various times in the activities, the people we support are making choices, are telling us what they like and dislike, or are asking for help.

Do
Using magazines, cards, and markers, ask each group to develop a card for a different activity of the day. Each card should have the series of tasks needed to complete the activity the group is demonstrating.

One group can illustrate morning activities needed to get ready for work or program; another group can illustrate purchasing a

Your Presentation Notes

meal in a restaurant; and another group can illustrate a weekend activity just for fun.

Note: The trainer will want to remind DSPs about creating opportunities for communication as well as for choice making.

Do
Refer the participants to the pages in their Resource Guide that have some signs and symbols for completing their communication board.

After about 15 minutes . . .

Say
Let's have each group show the rest of us the communication board that they have created.

Does anyone think they could use any of these communication boards with people they support?

Some people use these symbols on laminated cards, which are attached to a key ring. An individual scan take these useful cards with them to communicate with others. Others may have a communication board, which has pictures they look at to indicate what activity they might want to do next.

These are individuals who have a clipboard with the alphabet. By pointing to the letters, they spell out words and sentences to

Your Presentation Notes

communicate. Some of the individuals you support may be working with speech therapists on communication programs. It is important that you are part of the team that develops and uses the communication program. It is also important that it is understood and used by all of the people who support an individual. Remember, this is one way to help people to communicate and may not work for everyone you support.

Say

Do any of you work with people who use professionally made electronic or other types of communication boards? [If someone says yes -] Would you like to tell us about it?

Note: If you have access to communication devices, please bring them to class to share

Sign Language Activity
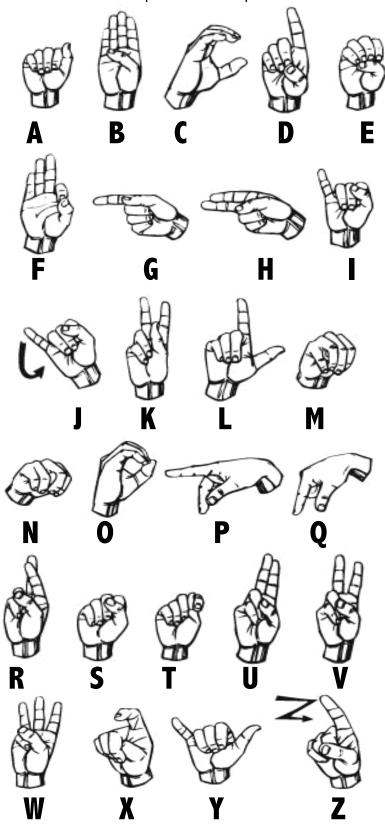
Say

We may have some people who use or could use sign language. Do any of you use sign language in your programs? What would be some of the most critical signs that an individual should know?

Note: Answers may include help, hurt, sick, sad, hungry.

Your Presentation Notes

ASL Manual Alphabet

From the unnamed website at <http://members.tripod.com/~imaware/aslalpha.html>

A B C D E

F G H I

J K L M

N O P Q

R S T U V

W X Y Z

NAME, CALLED, NAMED
Cross the middle-finger edge of the right *H* fingers over the index-finger edge of the left *H* fingers. To sign *called* or *named,* move the crossed *H* hands in a small forward arc together.

Memory aid: Reminds one that those who cannot write have to sign their *name* with an *X*.

SAD, DEJECTED, DESPONDENT, DOWNCAST, FORLORN, SORROWFUL
With palms facing in, bend the head forward slightly while dropping the open hands down the length of the face. Assume a sad expression.

Memory aid: Suggests an expression of melancholy.

SICK, DISEASE, ILL
Place the right middle finger on the forehead and the left middle finger on the stomach. Assume an appropriate facial expression.
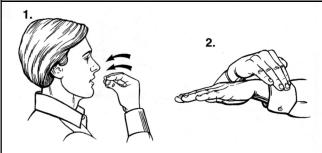
Memory aid: The right hand seems to be feeling the temperature of the forehead, while the left hand indicates an area of discomfort.

Resource Guide

BED

Hold both hands palm to palm and place the back of the left hand on the right cheek.

Memory aid: The sign symbolizes resting the head on a pillow.

1.

2.

DINNER, SUPPER

Move the fingers of the right closed *and* hand to the mouth a few times and place the curved right hand over the back of the left flat hand. *Note:* This sign is a combination of *eat* and *night.*

Memory aid: Suggests the meal eaten when the sun has set.

DRINK

Move the right *C* hand in a short arc toward the mouth.

Memory aid: Suggests the action of *drinking* from a glass.
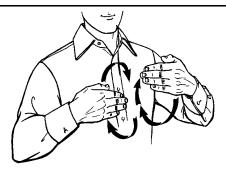
EAT, CONSUME, DINE, FOOD, MEAL
The right *and* hand moves toward the mouth a few times.

Memory aid: Putting *food* into the mouth.

GLASS (substance), CHINA, DISH, PORCELAIN
Touch the teeth with the right index finger.
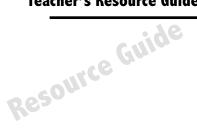
Memory aid: The teeth are breakable, just like *glass.*

HAPPY, DELIGHT, GLAD, JOY, MERRY
Move both flat hands in forward circular movements with palms touching the chest alternately or simultaneously. One hand is often used by itself.

Memory aid: Suggests *happy* feelings springing up from within.
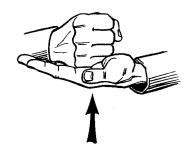
TOILET, BATHROOM
Shake the right *T* hand in front of the chest with the palm facing forward.
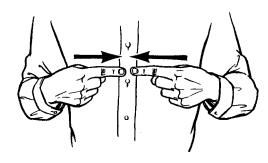
Memory aid: The shaking motion suggests the need to meet a physical requirement.

HELP, AID, ASSIST, BOOST
Place the closed right hand on the flat left palm and lift both hands together.

Memory aid: Suggests the giving of a *helping* hand.
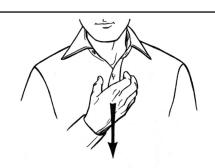
PAIN, ACHE, HURT, INJURY, WOUND
Thrust the index fingers toward each other several times. This may be done adjacent to the particular area of the body that is suffering from *pain*.

Memory aid: Suggests the throbbing of *pain*.
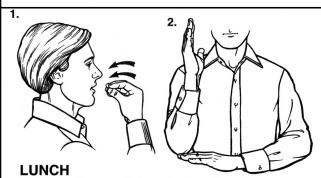
HUNGRY, HUNGER, APPETITE, CRAVE, FAMINE, STARVE
Move the thumb and fingers of the right *C* hand down the center of the chest from just below the throat.

Memory aid: Suggests the direction that food travels to the stomach.

LUNCH
Move the fingers of the right closed *and* hand to the mouth a few times. Place the left flat hand at the outer bend of the right elbow, and raise the right forearm to an upright position with palm facing left.

Memory aid: Suggests the meal eaten when the sun is overhead.

Please find a partner. Now, look at the *Worksheet and Activity* section of the resource guide for the page titled *ASL Manual Alphabet* (refer to the page number).

Just for fun, see if you can use the manual alphabet handout and the signs for "my" and "name".

Wait about 5 minutes . .

Say

Now, spell out your name to your partner.

Wait about 5 minutes . .

Say

After the manual alphabet, you will find some pages from Signing Illustrated.

Please practice signing some of those words and see if you can make a simple sentence from them.

Do

Move around the class to see how students are doing and to offer help as needed.

Wait about 10 minutes . .

Say

Do you think there might be people you support who could be better understood if

Your Presentation Notes

they could use even some basic signs? For those of you who work with individuals who are hearing impaired and use sign language, it might be valuable to take a sign language class offered at adult and evening schools in your community

Just as a review, here are some questions to ask yourself as you go through the course of the day:

Do
Show overhead #9 and #10

Say
As you go through the bullets, allow the participants to respond to questions with their ideas first.

In what ways do you create opportunities within daily routines to promote interaction?

This would be talking to the person while going through hygiene, eating, dressing routines to find out more about the person and to give them a chance to better let you know what they like and don't like.

In what ways do you pace routines so that interaction can occur, by allowing time for the person to respond?

Your Presentation Notes

**In What Ways
Do You . . .**

- create opportunities to promote conversation?
- pace routines so that there is time for the person to respond?
- wait for a response?
- acknowledge the person's attempt to interact?

Session #4, Overhead 9

**In What Ways
Do You . . .**

- avoid anticipating the person's needs?
- provide opportunities to make choices and avoid making decisions for people?
- talk to the person about the routines as they occur?

Session #4, Overhead 10

Sometimes we think we know how a person will answer, so we answer our own questions. Or we are so busy, that we ask a question, and don't really wait for a response. How many times have you asked someone "How are you?" but don't really wait to hear their answer?

Do you wait for a response?

Some people make take longer to understand the question, and need time to figure out how to answer. Sometimes the response may take a very long time.

In what ways do you acknowledge the person's attempt to communicate?

Remember that everyone communicates in a different way, and even a small sound or a gesture needs to be noticed. That will let the person know that what they are trying to tell you is important to you.

In what ways do you avoid anticipating the person's needs?

If we have known the person a long time, we often think we know what they need. But if we make opportunities for someone to tell us what they need, we again let them know that their communication is important. And

Your Presentation Notes

In What Ways Do You . . .

- create opportunities to promote conversation?
- pace routines so that there is time for the person to respond?
- wait for a response?
- acknowledge the person's attempt to interact?

Session #4, Overhead 9

In What Ways Do You . . .

- avoid anticipating the person's needs?
- provide opportunities to make choices and avoid making decisions for people?
- talk to the person about the routines as they occur?

Session #4, Overhead 10

sometimes the person's needs change, and we want to hear about those changes from them.

Your Presentation Notes

In what ways do you provide opportunities to make choices and avoid making decisions for people?

This is also hard to do when we know a person well. Remember that we want to take every chance possible for a person to tell us what they like and don't like, and what choice they would make. These choices will be different for everyone, and might be deciding between two salad dressings or between several activities. There might be choices to make all during the day.

In what ways do you talk to the person about the routines as they occur?

It's important to give words to the activities as you go. Imagine if you had to go through a day in total silence. By talking through each activity, we increase the chances that the person will learn the words as well as the order of the activities. That will help when there is a new DSP or with relief staff, as well as with family members and friends. DSPs should talk through the day with the people they support, even if you don't know if the person really understands. We don't always know what a person understands.

In What Ways Do You . . .

- create opportunities to promote conversation?
- pace routines so that there is time for the person to respond?
- wait for a response?
- acknowledge the person's attempt to interact?

Session #4, Overhead 9

In What Ways Do You . . .

- avoid anticipating the person's needs?
- provide opportunities to make choices and avoid making decisions for people?
- talk to the person about the routines as they occur?

Session #4, Overhead 10

Say

We've talked today about assisting individuals we support to communicate. We also have a number of other people with whom we communicate. Our communication skills with those people have to be effective as well. Who are some of the people with whom the DSP communicates?

Note: After participants have had a chance to mention some, show the next overhead and compare answers.

Do

Show overhead #11

> Family members
> Regional Center staff
> Licensing staff
> Administrators
> Neighbors
> Co-workers
> Work or program staff
> Others?

Say

Since we communicate with others besides the individuals we support, our next discussion will deal with those other people in our work. We'll be talking about active listening. This is a skill that can help you in your work as well as in your personal relationships outside of work.

Your Presentation Notes

Communication Partners

- Family members
- Regional Center staff
- Licensing staff
- Administrators
- Neighbors
- Co-workers
- Work or program staff
- Others?

Session #4, Overhead 11

While listening certainly seems like an easy skill, it is by far the skill most difficult to learn. And yet it is such an important part of the communication process. Effective DSPs have to not only assist individuals to communicate, but also must listen very carefully. Each of us shares the responsibility for accurate communication. Listening is a good place to start.

Do
Show overhead #12

Say
"Listening is being silent with another person in an active way."
-Morton Kelsey

Say
Even in the best of situations, where no one else but you and another person are in the room, listening is very difficult. Realistically, the life of a DSP doesn't always lend itself to those private moments when listening would be very easy. When we add more people, and their interests, we've increased the difficulty of listening.

Robert Montgomery suggests that people who want to improve their listening skills should use the LADDER approach.

Your Presentation Notes

Morton Kelsey

" Listening is being silent with another person in an active way. "

Session #4, Overhead 12

Do

Show overhead #13

Say

Responsively listen

  Express emotions with control

    Don't change the subject

      Don't interrupt

        Ask questions

          Look at the other person

Do

Show overhead #14

Say

Active listening requires that a person:

- Hear the words

- Figure out what they mean

- Respond to the words

Hearing what a person says is not the same as listening. It's when we take the time to see if what we heard was what the person really meant that we begin to actively listen.

The ways that we might try to figure the words out might include:

Asking the individual questions to see if we got it right.

Your Presentation Notes

The Listening Ladder

Responsively listen
  Express emotions with control
    Don't change the subject
      Don't interrupt
        Ask questions
          Look at the other person

Session #4, Overhead 13

Active Listening

- Hear the words

- Figure out what they mean

- Respond to the words

Session #4, Overhead 14

Rewording what the individual said, like "so you think we should go to a movie tonight?"

Can you think of other ways?

Active Listening Activity

Say

For this next activity, we'll be role-playing situations in which the communication might be between a DSP and the individual supported. We'll also use examples from other times when your good communication skills are critical.

Please open your resource guide to the *Worksheet and Activity* section and the activity titled *The Ladder* (refer to page number). I will be assigning you to a group in which each of you will have a role. Two of you will play the roles outlined in the handout, and everyone else will be an observer. The observers will be using the LADDER to look at the listening skills used by the role players. The observers will be marking their notes on the second handout.

Note: Divide the participants into three groups and assign one of the role plays. You may have to go through a few examples of how to complete the activity in front of the class prior to the group work

Your Presentation Notes

Do

Rotate to each group to make sure that the activity is understood and that observers are taking notes.

Do

Allow about 8 minutes for the role-play. Then call the group back.

Ask

Which group of observers would like to report on their role-play?

Say

Did the role players find it difficult to listen? What made it difficult? Are these issues similar to ones that you have experienced with the individuals you support?

By now, you can see the difficulties and the importance of effective communication skills. You can see now that communication needs practice and takes patience if we are going to be clear with people who we see each day. Sometimes, when we don't understand one another and our communication is not clear, misunderstandings can occur.

Say

After our break, we'll be talking about those misunderstandings by discussing managing conflict and problem solving. We will look at these issues both from a personal point of

Your Presentation Notes

Activity: The Ladder Listening Scenarios

1. Armando and DSP

Armando has lived in the Main Street Home for 5 years. He likes living there, but has been upset recently because his roommate just moved out of state to be closer to his family. Armando just got a new roommate, Gerald. Gerald is very quiet and doesn't like to do anything with the group. He goes to bed early every night, and growls when Armando comes into the room after he is asleep. Gerald keeps talking about how he can't wait to move out also. Armando is having a lot of trouble with his roommate talking when he wants to sleep. He and his previous roommate were close friends. He misses him and misses the kind of roommate relationship he had with him. Armando comes to the DSP to explain why he has been so difficult to be around lately.

2. DSP and Day Program Staff

Joseph is very happy at the day program he attends. He does well with the tasks assigned to him. He receives a paycheck for his work. Recently, the day program staff person who knows Joseph best has been calling you (the DSP) to let you know that she intends to discuss a job for Joseph at his next IPP meeting. You don't think that would be the best idea for Joseph. He has a great deal of trouble communicating and you would be very worried about how he'd get around at a job. He once tried to take a bus by himself, got lost and was brought home by the police. So when this staff person talks about him getting to a job and doing well, you are a little skeptical. The staff person asks you to come in to the program to meet with Joseph and herself to discuss Joseph's situation.

3. DSP and Family Member

This is the first time Donna has ever lived anywhere but with her parents. Donna and her parents looked at about 20 different homes before deciding on yours. The parents say that they trust you with their daughter, but their behavior makes you uncomfortable. They come by every evening and check what Donna has eaten, what she wore to program, what time she got up and to whom she spoke during the day. Donna tells you that she wishes her parents would let her grow up. You want to get that message to Donna's parents.

Activity: The Ladder

Responsively listen
Express emotions with control
Don't change the subject
Don't interrupt
Ask questions
Look at the other person

Observers should make notes on how well the people who are communicating observe the LADDER rules.

Make eye contact? (Did the person make eye contact?)

Asking questions (Did the person ask questions to clarify understanding?)

Interrupt? (Did the person rally listen without interrupting?)

Subject? (Did the person stay on the subject?)

Emotions (How did the person show emotions without blowing up?)

Responsiveness (how did the person show they heard and understood the message?)

view – how we can deal with conflict and problem solving for our own issues as well as how to teach these skills to people we support.

BREAK

Conflict Management

Say

People have many communication challenges. Our role as DSPs is to help them to communicate. This might sometimes mean that we are communicating for someone when we are in the community. This means that we have to be clear about what the person is telling us so that the message we give is clear and accurate. This is especially important if we are talking to someone who does not know the individual. It means being sure that what we tell others is from the individuals we support. We have to be careful not to putt our own opinion or our own cultural values in the telling.

When we are talking to people in the community, please remember "people first" language guidelines. The people we support are PEOPLE FIRST. We want to focus on the person.

Your Presentation Notes

Say

Keep in mind, as well, that the DSP does not "own" any of the individuals you support. We sometimes tend to refer to people as "my consumers" or "my clients." Remember that each person wants to be referred to as an individual. It's better to refer to people by their names. In a conversation, you might say "Did you know that Joe lives with our family?" That is, if it is appropriate and if the individual wants to share that information.

Remember also that the DSP has a very important role in an individual's life. The individual you support may need you to be an advocate for them. Let's review what advocacy means.

Do

Show overheads #15-#18

Say

Advocacy is:

    Helping people help themselves
    Building self confidence
    Supporting independence
    Telling people their rights
    Telling people their options
    Providing assistance and training
    Helping locate services
    Asking people what they want
    Treating adults like adults

Your Presentation Notes

Advocacy is....

- Helping people help themselves
- Building self confidence
- Supporting independence
- Telling people their rights
- Telling people their options

Session #4, Overhead 15

Advocacy is....

- Providing assistance and training
- Helping locate services
- Asking people what they want
- Treating adults like adults

Session #4, Overhead 16

Advocacy is not:

> Taking over a person's life
> Making a person dependent
> Doing everything for a person
> Not informing a person of his/her rights
> Making decisions for people
> Controlling people
> Treating adults like children
> Limiting options
> Knowing what is best because you are a professional
> Not respecting choices

Our role is very difficult, isn't it? We really need to know the individuals we work with, how they communicate, what is important to them to be able to represent them if necessary and if requested.

Do any of you have situations where you work where you have had to be an advocate for an individual you support?

Say
Being an advocate means helping an individual to have some control over their lives. An important part of having control is an ability to communicate, as we have discussed. Sometimes, even when communication is clear and easy, conflicts or differences arise. And we have to keep reminding ourselves that our job is to help other people. We have to be sure that we don't expect individuals to live their life the

Your Presentation Notes

Advocacy is not....

- Taking over a person's life
- Making a person dependent
- Doing everything for a person
- Not informing a person of his or her rights
- Making decisions for people

Session #4, Overhead 17

Advocacy is not....

- Controlling people
- Treating adults like children
- Limiting options
- Knowing what is best because you are a professional
- Not respecting choices

Session #4, Overhead 18

way WE want them to, but help them to live the way THEY want to. Helping people to take control of their lives may also come in the form of teaching people how to resolve conflicts, how to solve their own problems, and how to make decisions. With those skills, the individuals we support can be more confident in their own abilities.

In order to teach these skills, we first have to have some understanding of some of the basics ourselves. So we'll look at how DSPs can use the skills in a variety of situations, both at work and at home.

What are some of the places where there might be some conflict or places where not everyone agrees?

Do
Write answers on flip chart

These might include:

- Roommates not getting along

- Parents wanting something that you cannot provide

- Regional center staff criticizing your work

- People you support not liking something about the home where they live

Your Presentation Notes

- A person having a disagreement with a friend

- A person trying to disagree with a parent who wants something different

Conflict Management Activities

Say

To get an idea of how living with others might be a cause of conflict, here's a short exercise for you. It involves looking first at your life. Sometimes it is easier to understand another person's life once we have a better understanding of our own personal feelings. Pair up with someone to discuss the questions on the activity sheet titled *Stepping Into Another's Shoes* (refer to the page number in the resource guide).

1. Did you share a bedroom while growing up?

2. Do you share a home with someone now?

3. Was there ever a time when you didn't like sharing a room?

4. What made sharing a room or a house difficult?

Now imagine that you have to take everything that is important to you, and place all of these treasures in a small space. You

Your Presentation Notes

Class Activity: Stepping into Another's Shoes

1. **Did you share a bedroom while growing up?**

2. **Do you share a home with someone now?**

3. **Was there ever a time when you didn't like sharing a room?**

4. **What made sharing a room or a house difficult?**

Now imagine that you have to take everything that is important to you, and place all of these treasures in a small space. You have to share that small space with someone else who also has their treasures to store. Do you know of did you choose the person with whom you are to share a room? Does the idea that there might be some differences between people seem likely?

have to share that small space with someone else who also has his or her treasures to store. Do you know or did you choose the person with whom you are to share a room? Does the idea that there might be some differences between people seem likely?

After about 10 minutes . . .

Ask

Each of the groups to summarize their discussions.

Say

Every time two people have any kind of relationship, there is bound to be some conflict. What words do you think of when you think of conflict?

Do

Show overhead #19

Do
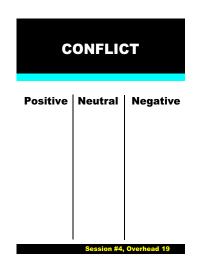
Write answers on flip chart or transparency divided into:

CONFLICT

Positive   Neutral   Negative

Note: Expect words like war, destruction, growth, understanding, misunderstanding, excitement, problem, disagreement, compromise, anger.

Your Presentation Notes

CONFLICT

Positive	Neutral	Negative

Session #4, Overhead 19

Say

Most groups list more negative words than positive. As you can see, the negative words are very powerful. We sometimes think of a conflict causing death and destruction.

You may think of a struggle over different ideas that make you uncomfortable as a negative. Others may think that disagreements can be positive – a chance to take a stand on an issue and debate a point of view. And others might find conflict to be neither good nor bad. Sometimes the best way to get some change made begins with a conflict.

Do

As you receive answers from the DSP, list them in the appropriate columns.

Say

Some of us were taught as children that conflict or disagreeing with a person in charge was not allowed. Especially when talking about values like religion or politics, we may have been taught to accept whatever someone said and not to disagree.

As adults, and especially in our jobs as DSPs, there are conflicts to face on a daily basis. Any time two people work together, there is a possibility that they may disagree. A conflict could be as simple as a disagreement,

Your Presentation Notes

or could be more difficult – like people's behavior affecting others because they don't agree on something very important to each of them.

Each of us deals with conflict in a different way. Some of us give in to pressure when someone disagrees with us, some of us like to be in control, some of us like to find a way for every one to get along.

Say
Sometimes what we see as a disagreement is seen very differently by the other person. One important part of understanding conflict is to see things as the other person sees them. Our next activity is one you will do alone. Again, this is a way to understand yourself first so that you can gain a better understanding of how conflict works for the people you support. Please turn to the activity sheet titled *The Way I See It* (refer to the page number in the resource guide).

Think about a conflict or disagreement you are currently involved in. It can be in your work life or outside of work. You will only share what you are comfortable sharing with the group. Imagine that right after class, you are meeting with the person with whom you are disagreeing. Maybe you had a disagreement last night and have not seen that person on since. Maybe you had a

Your Presentation Notes

disagreement at breakfast before you came to class.

Let's use some time now to prepare for that meeting.

1. Write down what the disagreement is.

2. Write down what you will discuss.

3. Write down the result you want from the meeting.

After about 5 minutes . . .

Say

Now you know what your side of the conflict is. Now, please turn to the activity sheet titled *Another Way to See It* (refer to the page number in the resource guide). Now you are taking the role of the other person. Prepare for that same meeting.

1. Write down what the disagreement is.

2. Write down what you will discuss.

3. Write down the result you want from the meeting.

After about 5 minutes . . .

Ask

Does anyone want to share the situation they wrote about?

Your Presentation Notes

Class Activity:
The Way I See It

1 . **Write down what the disagreement is.**

2. **Write down what you will discuss.**

3. **Write down what result you want from the meeting.**

Your Presentation Notes

Say

What were the differences in the way you saw the problem and the way the other person saw the problem?

Does one of you have any power over the other? And does that matter in getting to an agreement?

Do you think that an activity like this might be helpful to teach conflict management skills to the people you support?

Can you think of issues happening where you work where this might be helpful?

Let's talk about a method that you might use for managing conflict. Again, this method may be helpful both at work and at home.

Do

Show overhead #20

Say

- Separate person from problem

- Figure out each person's goals and interests

- Find answers that work for both people

- Try to agree

Managing Conflict

- Separate person from problem
- Figure out each person's goals and interests
- Find answers that work for both people
- Try to agree

Session #4, Overhead 20
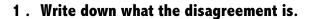
When we talk about separating the person from the problem, we mean putting yourself in the other person's place, like we just did earlier. Sometimes, something about the person is just annoying to us. It could be their voice or the way they dress or we don't like the way they live their life. But we have to look JUST at the problem in order to resolve things.

We have to control our emotions, even if the other person is doing things that really bother you. Mostly, we want to make sure that we understand each other.

Figuring out each person's goals and interests means concentrating on what each person wants most and trying to find the places where there is agreement. It means being open to meeting someone half way. It means that everyone should define how they see the problem. And it means that the problem has to be discussed before solutions are discussed.

A good way to remember that the problem must be defined first is by this overhead.

Your Presentation Notes

Class Activity:
Another Way to See It

1 . **Write down what the disagreement is.**

2. **Write down what you will discuss.**

3. **Write down what result you want from the meeting.**

Do
Show overhead #21

Say
What's the solution?

5
2

Say
Obviously, we can't solve this until we know what the real problem is. The answer would be very different depending on whether we need to divide, add, subtract or multiply.

Finding the answers that work for both people could come in a lot of different ways. One way might be brainstorming, which we'll practice a little later. Explore all kinds of options before making a decision.

And then, try to agree. That may not happen the first time that the problem is discussed. Sometimes, we have to review all of the options several times. Some people may want to think it over or discuss with others.

Once there is agreement, decide what the next steps might be. Who will do what and when will that be done? And then figure out how to decide if the solution really worked.

Your Presentation Notes

What's the solution?

5
2

Session #4, Overhead 21

Brainstorming Activity

Say

Let's take a little bit of time to practice brainstorming for solutions. The key to brainstorming is that no one can judge any of the ideas, they all are written down and considered. Each idea is considered without judging whether the solution might be too expensive, too wild, not a good idea, or not "my" idea.

Please find the activity sheet titled *Brainstorming* in your resource guide (refer to the page number). Let's divide into groups of 3-4.

Do

Read the scenario

One of the parents whose child lives in the home where you work just gave you $500. The parent said that the money can be spent in whatever way the whole group decides, there were no restrictions except that everyone had to be part of making the decision. Each group needs to brainstorm for a few minutes the ways that the money could be spent. Remember every idea needs to get written down. See if your group can then agree on one of the options.

After about 10 minutes . . .

Your Presentation Notes

Resource Guide

Class Activity:
BRAINSTORM

You have $500 given to your program by a parent whose only restriction on the way it is spent is that everyone in the home has to be part of deciding.

Here are the ideas from our group:

We decided on:

Ask

Which group would like to go first and tell us some of the options that came up during the brainstorming? Which idea did your group pick?

Did anyone have trouble with accepting the ideas that seemed odd to them?

Here are a few rules that are helpful to remember, both as you face conflicts and as you teach these skills to the people you support.

Do

Show overheads #22 and #23

Say

> Use "I" statements
>
> Be willing to resolve the problem
>
> No name calling
>
> Stay in the present
>
> Stick to the topic
>
> Don't interrupt the person who is talking
>
> Recognize that the other person has their own feelings
>
> Ask questions to understand the other person's side

Your Presentation Notes

The Rules

- Use "I" statements
- Be willing to resolve the problem
- No name calling
- Stay in the present
- Stick to the topic

Session #4, Overhead 22

The Rules

- Don't interrupt the person who is talking
- Recognize that the other person has their own feelings
- Ask questions to understand the other person's side

Session #4, Overhead 23

Say

Some of you may recognize these as Rules for A Fair Fight – rules like these are often used to help couples to communicate better. Let's talk about a few of the rules. Using the "I" statement means that you need to talk about the problem or disagreement from your own point of view. Look at the difference between these:

Do

Show overhead #24

Say

I feel much better when you call to let me know you'll be late

Say

You never come home on time

The second example puts the blame for the problem on the other person and can make it difficult to resolve the problem.

Staying in the present and staying on the topic mean that we shouldn't bring up problems that are not related to what we are discussing right now.

Your Presentation Notes

See the
difference?

I feel much better
when you call to let me
know you'll be late.

You never come home
on time.

Session #4, Overhead 24

Do
Show overhead #25

Say
"You are acting just how you used to act five years ago, when you never called home if you knew you would be late."

"And I also am sick of you leaving your dirty clothes on the floor instead of putting them in the hamper."

Say
These statements won't help to resolve the current problem. Would anyone like to share a conflict that is occurring where you work? Can we apply the conflict management tools to one situation that is really happening?

Do
Let group discuss for about 5 minutes, bringing them back to the conflict strategy outlined.

Say
Let's move on to talk about problem solving and decision making. Earlier, your groups had to decide on which of the ways you wanted to spend money. What was the process you used to make that decision?

One of the key parts of this DSP training course is helping people to have choices, and creating options from which a person can

Your Presentation Notes

Stay in the present

" You are acting just how you used to act five years ago, when you never called home if you knew you would be late."

" And I also am sick of you leaving your dirty clothes on the floor instead of putting them in the hamper."

Session #4, Overhead 25

choose. We learned in earlier sessions that in order for us to help people to take control of their lives, people need to have the opportunity to make their own choices and decisions.

Spencer Johnson, M.D., in *Yes or No: A Guide To Better Decisions* outlines a map to decision making. He says that we have to use our heads to ask questions, and our hearts to find better answers. We ask ourselves if we have looked at all of the options and if we have thought through all of the information. Then we consider if the decision feels right to us and whether we deserve better.

Do
Show overhead #26

Say
We use our heads to ask questions and our hearts to find better answers.

This skill can be taught to people we support as well. An agency in Southern California has developed a way to teach decision making skills to people with developmental disabilities called S.T.O.G. It follows the same path as Dr. Johnson's map.

Your Presentation Notes

Spencer Johnson, M.D.

" We use our heads to answer questions and our hearts to find better answers. "

Session #4, Overhead 26

Do

Show overhead #27

Say
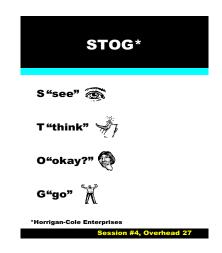
S "see"

T "think"

O "okay?"

G "Go"

The "See" step is where the problem is defined. What is the choice to make?

The "Think" step is listing the possible solutions, much like we did earlier. Then we have to "think" with our head and our heart. Is this the best choice and how do I feel about this choice? We also can "think" about who might be affected by my choice and how will this choice affect my life or the dreams I have.

The "Okay?" step is where the decision is made.

The "Go" step is acting on the decision and asking how well it worked.

Please turn to the activity sheet titled *STOG* in your resource guide (refer to the page number).

Your Presentation Notes

STOG*

S "see"

T "think"

O "okay?"

G "go"

*Horrigan-Cole Enterprises

Session #4, Overhead 27

Class Activity:
S.T.O.G.

SEE What do I see? What is the choice or problem?

THINK Think about and list the possibilities or solutions.

Is this the best choice for me?
How do I feel about this choice?
Who will be affected by this choice?
How will this affect my life and/or my dreams?

OK? **Make a decision**

GO **Go for it! How did it work?**

Adapted from Horrigan Cole Enterprises "S.T.O.G."

Say

Could each of you please think about a decision you need to make? Again, it could have to do with work or home. Write down on the worksheet how you will think through the problem to make a decision, using each of the four steps.

After about 8 minutes . . .

Say
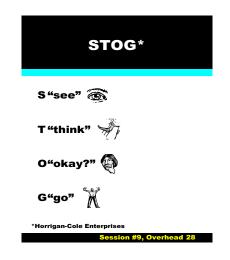
Would anyone like to share about his or her decision?

Did the steps work for you?

Say

STOG is just one way to help people to make decisions. No one way to make decisions is the right way.   And as we discussed earlier, it may not be possible to make a decision in just one meeting. Sometimes, people need to think more about the options, or discuss the problem with other people before making a decision.

We went over a lot of information today. We talked about ways to communicate with people, how to teach people how to communicate, and how to help people to use their communication skills to solve problems and resolve differences. Does anyone have questions on the information we covered today?

Your Presentation Notes

STOG*

S "see" 👁

T "think"

O "okay?"

G "go"

Horrigan-Cole Enterprises
Session #9, Overhead 28

Coping Strategies

Do
Show overhead #28

Say

We all get upset from time to time. Hopefully, we have learned some strategies that help us cope when we get upset. It is important to realize that it is normal to get upset from time to time. **It is not bad or wrong to get upset. It is what we do when we become upset that is the issue!**

The first thing to know is that our body goes through some physiological changes when we become frustrated or upset. Our blood flows to the muscles as the body prepares to either "run from" or "fight" the source of what is making us upset. This is called the "fight or flight response". While our blood is flowing to the muscle groups, our blood flow is shutting down to minimum maintenance levels to the liver, the kidney, and the BRAIN! This makes it less likely that we will be able to make rational decisions when we are upset.

Do
Show overhead #29
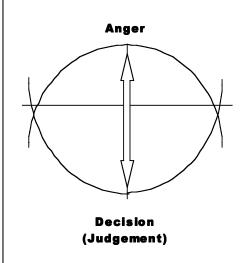
Say

This overhead shows what happens when we

Your Presentation Notes

It's Not Bad!

It's not bad
or wrong to get
upset.

It's what we do
when we get upset
that is the issue!

Session #4, Overhead 28

Anger

**Decision
(Judgement)**

Session #4, Overhead 29

get upset. The middle line represents a normal level of anger (upset). The upper curve indicates how upset we are. The lower curve represents our level of judgement, or ability to think clearly. There is an inverse relationship between our <u>getting upset</u> and our level of <u>judgement</u>, which is our ability to think clearly and make rational decisions. This means that the more upset we get, the harder it is to think clearly and make good decisions.

Do
Point to the <u>top</u> level of the Anger curve and,

Say
This represents when we are very upset and not thinking clearly. As you can see, at this point of anger, our judgement…

Do
Move down and point to the lowest level on the Judgement curve and…..

Say
….our judgement is at it's worst! This is the time when we are most likely to say or do things that we will regret later. Sometimes we may even say or do things to hurt people that we really care about. This is when we tell our kids "You are grounded for life!"

Your Presentation Notes

Ask

What are some mistakes you have made when you get upset, mad, or angry?

Do

Refer participants to the appropriate page in the *Resource Guide* to the activity titled **Using Coping Strategies**. Give participants a few minutes to complete the top section of the activity sheet titled **Using Coping Strategies**.

Ask

Participants to share some of their answers. **Note:** It is helpful if you, as the Instructor, also have something to share.

Say

It is also important for the individuals we support to know that we get upset sometimes too! Again, getting upset is normal. It's what we do when we get upset that is the issue. We have all developed some strategies that allow us to cope with frustrating situations and "keep it together" even when situations are very stressful.

Do

Instruct participants to complete the bottom half of the activity sheet titled **Using Coping Strategies**. After a few minutes,

Your Presentation Notes

Activity:
Using Coping Strategies

Directions: In order to know when to use your coping strategies, you must first identify when you are getting upset, angry or frustrated. If you don't notice when you are getting upset, you may continue to escalate (get more upset) and say or do something that you will regret later.

Make a list of some mistakes you made when you were mad, angry, or upset:

Self Control Plan
What are some things that you o to help "keep it together" when you feel angry, frustrated or upset?

1. _____
   _____

2. _____
   _____

3. _____
   _____

4. _____
   _____

5. _____
   _____

6. _____
   _____

Your Presentation Notes

Ask

What are some things that we can do to help us "keep it together" when we feel angry, frustrated and upset?

Do

Write down the participant feedback on a blank overhead, flipchart, or chalkboard.

Do

Show overhead #30

Say

Here are some strategies, let's see which ones you already listed.

> Breathe!
> Count to 10
> Walk away
> Take 3 to 5 deep breaths
> Talk to someone who can help or listen
> Relaxation exercises
> Take a break

Say

Before you use a coping strategy, we have to first identify the fact that we are becoming upset or frustrated. If we don't see that we are getting upset, we are very likely to continue to become more escalated and upset and say or do something we will regret.

Many of the individuals we support do not know they are becoming upset until it is too

---

Coping Strategies

- Breathe!
- Count to 10
- Walk away
- Take 3 to 5 deep breaths
- Talk to someone who can help or listen
- Relaxation exercises
- Take a break

Session #4, Overhead 30

---

late. We want to assist them to understand when they are getting upset, and the importance of assisting them in using effective coping strategies that work for the individual.

The BEST time to teach an alternative coping strategy is when the individual is calm and in a good mood. There should usually be a good amount of time either before or after an outburst. The WORST time to teach an alternative coping strategy is when the individual is upset, because this is the time when he or she is least likely to understand information. Remember the anger-judgement curse? When we are upset or angry, it is harder to think clearly. It is the same for all people.

Do
Show overheads #31, #32

Say
Here are some strategies we can use to teach coping skills (or alternative skills to use when someone gets upset):

1. Help the individual to identify people, places and things that lead to them getting upset. They can start to practice coping strategies when these things are present.

Your Presentation Notes

Teaching Coping Skills

1. Help the individual identify people, places and things that can lead to being upset
2. Help the individual identify "warning signs" that signal being upset
3. Help the individual identify 2 or 3 different coping strategies
4. Choose a calm time to PRACTICE

Session #4, Overhead 31

Teaching Coping Skills

5. Rehearse or practice coping skills before they are needed
6. Offer ongoing assistance or cues as needed
7. Go over situations where coping strategies were not used and practice, practice, practice

Session #4, Overhead 32

2. Help the individual identify their "warning signs" that signal when they are getting upset. (Things they do or say, how they feel, does their breathing change, do certain muscle groups tighten up?)

3. Help the individual identify 2 or 3 different strategies they can use when they get upset, as an alternative to "blowing up" or having an outburst. (Examples typically include: Walking away, telling the individual to stop bothering you, taking deep breaths, talking to a DSP about what is bothering them, or other identified strategies).

4. Choose a calm time when the individual is in a good mood to PRACTICE the alternative coping strategy in a non-threatening, "safe" situation. You can do this through a role play where you "act out" a situation that typically upsets the individual and have them practice using one of the strategies that they feel comfortable with.

5. When entering environments where the individual is likely to get upset, or just prior to a situation where the person is likely to get upset, spend a

Your Presentation Notes

few minutes with the individual asking them if they remember what they can do when they get upset. (You can do this verbally, with written cue cards, pictures or signing, depending on the individual's learning style). This is often called **rehearsing** what to do in advance.

6. Once the individual is successful at using the skill in a non-threatening situation, the DSP may still need to be available to the individual in situations where they are more likely to lose control to give them a cue to help them remember what to do. (For example, if a peer is bothering them and they are showing signs of anger, the DSP should assist by saying "remember what you can do when she or he bothers you" to help cue the individual to use their coping strategies.

7. After an individual loses control and forgets to use their coping strategies, ask them what they can do instead, the next time they get upset. Help remind them of the alternative coping strategies they can use when they feel angry or upset.

Your Presentation Notes

Optional In-Class Activity

Note: If you have time at the end of this session, here is an optional activity you can use. You could also use this for a homework activity. You can use the teacher's script below for either a wrap-up of this session or as a lead-in to the next session.

Do
Show overhead #33

Say
We have time for one last activity about communication. Every block of every town of every region of every country has developed communication shortcuts. Here are a few of them.

Imagine for a minute that I'm new to this country and have just learned the language. How would you explain each of these phrases? Who will volunteer for the first one?

Note: After a definition has been given, ask for alternative definitions. Also, ask how this saying might have been developed in the first place.

After discussing all of the phrases . . .

Your Presentation Notes

Clear Communication?
● **Out of it**
● **Touch base with me later**
● **Fooling around**
● **Hanging out**
● **Run that by me again**
Session #4, Overhead 33

Ask

Are there other sayings or phrases from this part of the country that might be difficult for others to understand without some explanation?

Say

As you can see, communication takes practice and patience if we really want to be clear to others.

Practice Questions

Say

In your *Resource Guide* (refer to the appropriate page), you will find some practice review questions about this session.

Please take a few minutes to read the questions and mark your answers on the practice form.

Wait about 5 minutes

Say

Let's review your answers. **(Note:** The answers are underlined in your teacher's guide.)

Do

Make sure that all of the questions are answered correctly and review the information as needed.

Your Presentation Notes

Ending the Session

Your Presentation Notes

Say

Don't forget to look at the key words for the next session. You can find the definitions for a session at the end of the each *Resource Guide.* All of the words for Year 2 are in the **Key Word Dictionary** in the *Resource Guide*, Session #12. Any questions? See you next time.

Key Word Dictionary
Communication, Problem-Solving and Conflict Resolution
Session #4

Active Listening
The key elements of active listing are: (1) hear the words; (2) figure them out; and (3) then respond.

Communication Systems
The basic types of communication systems are: (1) sign language; (2) communication boards; and (3) gestures.

Conflict Management
Looking at both sides of a conflict, figuring out what both sides want and finding answers that work for both parties.

Coping Strategies
Things that a person can do to help them to calm down when they get upset or angry. This can include taking a deep breath, talking to someone about what is bothering them, going for a walk, taking a break, etc. All people use a variety of these strategies as part of their self-control plan.

Decision-Making
The ability to look at a situation, weigh all of the possibilities and make an informed choice.

Self-Control Plan
Outlines the coping strategies a person uses (or is learning to use) in order to calm down and regain their self-control when they get upset or angry. It also states how the coping strategies will be taught and practiced by the person. A written Self-Control Plan is sometimes included in the Support Plan.

Sign Language
Using hand signs to communicate letters, words, phrases, and feelings.

References

The Lost Art of Listening: How Learning to Listen Can Improve Relationships
By Michael P. Nichols, Ph.D., (1995) The Guilford Press, ISBN 0-89862-267-0

Multicultural Manners: New Rules of Etiquette for a Changing Society
By Norine Dresser (1996) John Wiley and Sons, Inc., ISBN 0-471-11819-2

Working Together: Succeeding in a Multicultural Organization
By George Simons, Ph.D., with Amy J. Zuckerman (1994) Crisp Publications, Inc.
ISBN 1-56052-292-5

Listening: It Can Change Your Life
By Lyman K. Steil, Ph.D., Joanne Summerfield, and George DeMare (1983) John
Wiley and Sons, Inc. ISBN 0-07-060937-3

Partners in Everyday Communicative Exchanges
By Nancy Butterfield, Michael Arthur and Jeff Sigafoos (1995); MacLennan and Petty
Pty Limited; ISBN: 0-86433-088-X

Signing Illustrated The Complete Learning Guide
By Mickey Flodin, (1994) Berkley Publishing Group, ISBN 0-399-52134-8

Dos and Taboos Around the World
Edited by Roger E. Axtell (1993) Parker Pen Company, ISBN 0-471-59528-4

"Yes" or "No" The Guide to Better Decisions A Story
By Spencer Johnson, M.D., (1991) Harper Collins Publishers, ISBN 0-06-016857-9

**See, Think, OK?, Go: A Guide to Training in Decision Making for People
with Developmental Disabilities**
Developed for Horrigan Cole Enterprises, Redlands, CA by Sherry Beamer, MSW;
concept and literature review by William Allen, Ph.D., (1996)

Beyond Machiavelli: Tools for Coping with Conflict
By R. Fisher, Harvard University Press (1994) ISBN

Rights and Responsibilities
By California People First, PO Box 3969, Chico CA 95927

**Building Partnerships, Supporting Choices: A Design for Developing
Supportive Relationships through Positive Communication and
Teamwork**
Developed for Southern California Regional Center Directors Association by Allen,
Shea and Associates and Rhonda K. Mayer (1996).

If You Want to Read More About
Communication, Problem-Solving and Conflict Resolution

Communicate with Confidence: How to Say it Right the First Time and Every Time
Boober, D. and Donnelly, R.R. (1994). ISBN: 0-07-006455-5

The book starts with a touching story about miscommunication, and goes on to give 23 chapters of practical and easy to read advise on improving communication in business as well as in our personal lives. Booher says that personally or professionally, communication is a life or death issue. The book has over 1,000 tips for improving communication, including how to ask questions, how to answer questions, apologizing, criticizing, and negotiating, among others.

Partners in Everyday Communicative Exchanges
Butterfield, N. , Arthur, M., Sigafoos, J. (1995). MacLennan and Petty Limited; ISBN: 086433 088 X.

This book is written for teachers, speech pathologists, and everyone who may communicate with a person who has severe disability. It is complete with case studies and a chapter on challenging behavior. It contains workshop material for the person who may have to teach others about communication.

Augmenting Basic Communication in Natural Contexts
Johnson, J.M., Baumgart, D., Helmstetter, E., and Curry, C.A. (1996). Paul H. Brookes Publishing Co. Inc.; ISBN 1-55766-243-6.

This book includes a step by step guide to completing an assessment of communication and creating a system for people with severe disabilities. Chapter 10, about Kevin will show the reader some systems that work.

Communicating in Sign: Creative Ways to Learn American Sign Language
Chambers, D.P. (1998); Fireside; ISBN 0-684-83520-7

Language comes from the way we use our bodies to communicate and how we understand the emotions that are communicated to us. The five components of ASL are eye contact, facial expression, body language, mouth movements, and hand movements. Chambers walks the reader through these components, giving illustrated signs as well as offering a chapter on deaf culture.

Intercultural Communication Training: An Introduction
Brislin, R. and Yoshida, T. (1994); Sage Publications, ISBN 0-8039-5074-8

This publication draws from intercultural communication and dross cultural training, and emphasizes face to face communication. The information contained in the book applies to any situation in which effective communication and good personal relations need to be established with people from different cultural backgrounds.

Listening By Doing
Galvin, K. (1985) National Textbook Company

Galvin reviews the process of communication, and gives helpful hints on how to improve listening skills. Readers interested in the emotions behind communication will find the section on critical listening skills quite helpful. The section called Loaded Language will be helpful to the DSP.

For those who surf the web:

http://dww.deafworldweb.org/ is the place to go for a number of internet links related to the deaf community.

http://www.familyvillage.wisc.edu/general/signlanguage.html has several links to other sites for information about sign language. There is an extensive list of Yamada Language Center Guides to sign language in a variety of languages.

Products

These products are for use in developing communications systems. The images in these products are meant for these systems. The DSP is encouraged to work with a speech therapist in developing an effective system.

Talking Pictures
Crestwood Company
6625 N. Sidney Place
Milwaukee, WI 53209-3259
414-352-5678
414-352-5679 Fax

PCS Sign Language Libraries
The Picture Communication Symbols Combination Book
Board maker (for Windows and Macintosh)
Mayer Johnson Co.
PO Box 1579
Solana Beach, CA 92075-7579
800-588-4548
619-550-0449 Fax
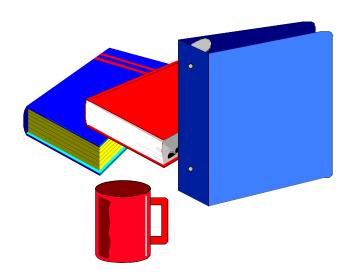
Signing Exact English
Modern Signs Press
PO Box 1181
Los Alamitos, CA 90720
562-596-8548
562-795-6614 Fax

Pick 'n' Stick on Disk and CD-ROM
Pick 'n' Stick Color Packs
Imaginart
307 Arizona Street
Bisbee, AZ 85603
800-828-1376
800-737-1376 Fax

Direct Support Professional Training
Year 2

Teacher's
Resource Guide

Session #5

Positive Behavior Support:
Understanding Behavior
as Communication

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	**Positive Behavior Support: Understanding Behavior as Communication**	**3 hours**
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Session: 5

Topic: Positive Behavior Support: Understanding Behavior as Communication

Core
Objectives: Upon completion of this session, the DSP should be able to:

1. Use assessment strategies to evaluate how past, present and future events and environmental factors influence behavior
2. Identify behavior as communication
3. Recognize that conditions such as hunger, illness, injury and other medical conditions may influence behavior and communication
4. Identify potential outcomes that may be reinforcing the challenging behavior
5. Identify the communicative intent (meaning) of the behavior

Time:

Introduction and Key Words	5 minutes
Key Words	5 minutes
Positive Behavior Support Review	15 minutes
The A-B-C's of Behavior	5 minutes
A-B-C Activity: Finding Antecedents (Triggers)	10 minutes
Another Look at Behavioral Triggers	10 minutes
Scatter Plot	5 minutes
Scatter Plot Activity	15 minutes
Behavior Motivations	15 minutes
BREAK	15 minutes

Time:

DSP Video Demonstration	15 minutes
Overview: Functional Assessment	
(Behavior meaning)	10 minutes
A-B-C Activity: Label Maintaining	
Consequences	15 minutes
Summary of information Learned	5 minutes
PBS Outline: Functional Assessment	
Optional Activity and Discussion	10 minutes
Practice Questions	5 minutes
Ending the Session	5 minutes

Total Time   **180 minutes**

Materials:
- Overhead Projector or LCD Projector with compatible laptop computer and Powerpoint application; VCR and monitor;
- Hard copy of overheads or disk with Powerpoint presentation;
- Some blank overheads, a flipchart, or chalkboard with markers, chalk, etc.;
- *Resource Guide* for all class participants; and
- *Video Demonstration*, Parts 1 and 2.

Preparation

Instructor should read over the presentation outline, becoming thoroughly familiar with the information and instructions for the presentation. The information could be presented verbatim or paraphrased, as long as the essential information is conveyed.

Your Presentation Notes

Session 4: Positive
Behavior Support

**Understanding Behavior
as Communication**

Session #4, Overhead 1

Introduction

Do

Show overhead #1

Say

Welcome to Session 5 which is titled Positive Behavior Support. Today we will be talking about *Understanding Behavior as Communication.*

Key Words

Do

Show overhead #2

Say

Let's look at the key words for today (refer to the page number in the resource guide).

They are:

- Antecedent (Before)
- Consequence (After)
- A-B-C data (data on Antecedents, Behaviors, and their Consequences)

Key Words

- Antecedent (Before)
- Consequence (After)
- A-B-C Data
- Behavior Triggers
- Behavior Function (what the behavior means)
- Replacement Behavior

Session #4, Overhead 2

- Behavior Triggers
- Behavior Function (What the Behavior Means)
- Replacement Behavior

Remember, you can find the definitions of these words at the end of the *Guide* for this session and in the Session #12 *Guide*.

Throughout this session, we will talk about the key words, what they mean and how they apply to your job as a DSP!

Say

We're going to start this session with a brief overview of Positive Behavior Support. You will find that overview in your *Resource Guide* (refer to the page number).

Positive Behavior Support Review
Do
Show overheads #3 and #4

Say

Here is an overview of Positive Behavior Support

All behavior is communication. Behavior doesn't just happen without a reason. There are always reasons for challenging behaviors, even if we do not know what they are right now.

Your Presentation Notes

Key Words

- Antecedent (Before)
- Consequence (After)
- A-B-C Data
- Behavior Triggers
- Behavior Function (what the behavior means)
- Replacement Behavior

Session #4, Overhead 2

Positive Behavior Support

- ALL behavior is COMMUNICATION.
- Our goal is to better UNDERSTAND the behavior and why it is happening.
- Behaviors are the ways that people use to get their needs met.

Session #4, Overhead 3

Important Goal

- TEACH replacement behaviors and skills as a positive alternative to challenging behaviors.

Session #4, Overhead 4

Our goal is to better understand the behavior and why it is happening. We can identify the reasons for challenging behavior by completing some of the simple assessment tools in this session.

Behaviors are the ways that people use to get their needs met.   Part of our job is to figure out which social/communicative behaviors currently "work" best for the person. Then we can teach socially appropriate alternatives or replacement behaviors.

One of the most important goals of Positive Behavior Support is to **teach replacement behaviors and skills** as a positive alternative to challenging behaviors.

Do
Show Overhead #5, #6, and #7

Say
Let's review how we can support individuals who have challenging behaviors:

- Identify and describe the behavior in observable and measurable terms (so that you know it when you see it, and so that you can record it when it happens). Over time, we can see if the behavior is improving, staying the same or getting worse.

Your Presentation Notes

Supporting People with Challenging Behaviors

- Identify and describe behavior in observable and measurable terms.
- Find out WHEN, WHERE, and WITH WHOM the behavior is MOST and LEAST LIKELY to happen.
- Are medical issues, medications, health and/or diet affecting the behavior?

Session #4, Overhead 5

Supporting People with Challenging Behaviors

- Complete an assessment to help find out <u>why</u> the behavior is happening.
- Look at quality of Life Issues that may be affecting the behavior.
- Your hypothesis (or "best guess") about why the behavior is happening.

Session #4, Overhead 6

- Observe and take data on the behavior to find out when, where, with whom, and during which activities the behavior is most and least likely to happen.

- Review current medical records and historical information to see if medical related issues, side effects of medications, health and diet may be effecting the behavior.

- Complete an assessment (like the ones we will be using this session) to help find out **why** the behavior is happening.

- Look at quality of life issues that may be affecting the behavior: things like the amount of choice, friendships and relationships, meaningful career and educational opportunities, meaningful activities, community involvement, etc., that a person has in his or her life.

- State your hypothesis (or "best guess") about why the behavior is happening, based on your assessment and data information.

- Identify and teach REPLACEMENT behaviors, communication skills and other skills that will help the person get their wants and needs met in socially appropriate ways.

- Make a plan to make sure that replacement behaviors and other appropriate behaviors are reinforced when they happen.

Your Presentation Notes

Supporting People with Challenging Behaviors

- **Identify and teach REPLACEMENT behaviors.**
- **Use a plan to make sure that replacement behaviors are reinforced**
- **Work together as a team**

Session #4, Overhead 7

- Work together as a team to develop and implement positive supports that will assist with the persons quality of life and overall happiness.

The A-B-C's of Behavior

Say

Now let's review and practice using three different observation tools that can help us understand why challenging behavior happens. They are the A-B-C Data Sheet, the Scatter Plot and the Motivation Assessment Scale.

Ask

Does anyone know what the A-B-C stands for?

Note: See if anyone has the answer *before* putting up the next overhead. Show good practice of positive behavior support by *praising* participants with correct answers on what the "A" (antecedent), "B" (behavior), and "C" (consequence) stand for.

Do
Show Overhead #8

Say

Antecedents (A) include anything that happens just before the behavior. This can

Your Presentation Notes

ANTECEDENT	BEHAVIOR	CONSEQUENCE
What happens BEFORE the behavior	*What happened DURING the situation*	*What happened AFTER the behavior*

include the day and time the behavior happened, what the person is doing, where the behavior occurred, who was around at the time, how hot, cold or noisy it was, etc.

The Behavior (B) is what the person actually said or did.

Consequences (C) include what happens immediately after the behavior. This can be what other people say or do, the avoidance of a task or activity, getting or obtaining something, etc.

It is important for us to pay attention to what happens before and after the behavior because it helps us to understand the relationship between a person's behavior and its' antecedents and consequences. By paying attention to this relationship, we can do a better job of finding out what a person is saying through their behaviors.

Let's talk about three different ways to look at behavior. They are the A-B-C Data Sheet, the Scatter Plot, and the Motivation Assessment Scale.

Do
Show Overhead # 9

Say
This simple A-B-C data sheet is a wonderful recording tool to use to help identify patterns

Your Presentation Notes

ANTECEDENT	BEHAVIOR	CONSEQUENCE
What happens BEFORE the behavior	*What happened DURING the situation*	*What happened AFTER the behavior*
Time of day, location or environment, who was around, what was happening, task or activity, etc.	Describe the behavior	What was the response from people or the environment; what did others say or do; other consequences

in the antecedents (things that happen before) and consequences (things that happen after) of a behavior over time.

When we take A-B-C data on one or more specific behaviors over a period of several weeks to a month, we should be able to see that some **antecedents** are the same, or similar. By looking for patterns in the antecedent data **you should be able to find out when, where and with whom the behavior is more and less likely to happen**. This also helps us to identify some behavior "triggers" that are likely to lead to a challenging behavior. Sometimes we find out that some of the things we say or do may actually be triggers for people's behaviors. Once we figure this out, we can often change what we are doing or saying and actually see an improvement in the persons behavior. Similarly, we should be able to find some patterns in the **consequences** by looking at the A-B-C data. It is important to find out what consequences usually follow a challenging behavior.

Remember: All behaviors are being reinforced (or rewarded) in some way. This includes challenging behavior. The Consequence section (C) of your A-B-C data may show that a person's behavior is followed by avoiding a task or activity, getting a social interaction from someone, or getting

Your Presentation Notes

food, drink, money or other tangible items. It is also important to know that some challenging behaviors are a result of the person being sick or ill, feeling pain (from a toothache, menstrual cramping, headaches, etc.), or sometimes even from the side effects of a medication they are taking.

When you don't find patterns in Antecedents or Consequences for a particular behavior, you probably need to do more observations to get more A-B-C data.

The A-B-C data sheet should be one of the ___***first***___ tools that we pull out and use when we are confronted by challenging behavior. You can easily make your own A-B-C sheet on a piece of blank paper by simply dividing it into three sections; one each for the Antecedents (before), the Behavior (during) and the Consequences (after). Remember that the more A-B-C data you have, the easier it is to identify patterns in the antecedents and consequences!

A-B-C Activity

Do
Show overheads #10, #11, #12

Your Presentation Notes

A-B-C Sample Exercise

You have been assigned to support a new person (Tina) who has just moved into the home where you work, and you don't know much about her. The following A-B-C events occurs:

Session #4, Overhead 10

Say

You have been assigned to support a new person (Tina) who has just moved into the home, and you don't know much about her. The following A-B-C event occurs:

Antecedents (A):   It's 7:15 p.m. Tina is sitting on the couch in the living room following dinner. "Baywatch" is on the TV.   There are three other residents in the kitchen. You ask Tina to "Please bring your dirty dishes to the kitchen and wash them."

Behavior (B): Tina screams "NO!" and covers her face with her hands.

Consequences (C):   You are not sure what to do, so you tell Tina that she doesn't need to scream and then leave her alone for a few minutes.

Ask

What possible reasons could have made Tina yell?

Do

Encourage participants to identify a variety of Antecedents that may have been reasons for Tina's behavior to happen.

Your Presentation Notes

A-B-C Sample Exercise

Antecedents (A): It's 7:15 p.m. and Tina is sitting on the couch in the living room following dinner. "Baywatch" is on TV. There are three other individuals in the kitchen. You say to Tina "Please bring your dirty dishes to the kitchen and wash them."

Session #4, Overhead 11

A-B-C Sample Exercise

Behavior (B): Tina screams "NO!" and covers her face with her hands.

Consequences (C): You're not sure what to do, so you tell Tina that she doesn't need to scream and you leave her alone for a few minutes.

● **What possible reasons (Antecedents) could have made Tina yell?**

Session #4, Overhead 12

Say

You are correct in that there are **many possible reasons why her behavior might have happened.** It **could** have happened for ANY of the following reasons:

- Tina wants to finish watching Baywatch first
- Tina wants to relax for a while on the couch first
- Tina doesn't feel comfortable going into the kitchen when there are 3 other residents already in there.
- Tina doesn't want to wash her dishes
- Tina doesn't know you well enough yet to take directions from you
- Tina could have a headache.

But, we don't know for sure why Tina's behavior happened **because this is the first time we have seen this behavior and she can't tell us why she is screaming**. However, by writing down this information on our A-B-C data sheet, and by continuing to write down the A-B-C's for each time Tina screams and puts her hands over her face, we will begin to see a pattern. For example:

We want to look and see if she is likely to scream during "**Baywatch**" if someone asks her to do something.

We want to see if Tina displays this behavior whenever someone asks her to wash the dishes.

We want to see if Tina is more likely to scream when she is relaxing on the couch after a meal.

We want to see if Tina is more willing to respond positively to your requests once she gets to know you better.   Etc.

Another Look at Behavioral "Triggers"

Say

Let's use the A-B-C method to practice looking at things which might "trigger" or start a challenging behavior. The activity is in your *Resource Guide* and titled *A-B-C Worksheet: Find the Behavior Triggers* (refer to the appropriate page number).

Let's split up into small groups of two or three for this activity.

Say

Your job is to read the stories which are taken from Incident Reports and circle things, people, requests and activities that could be possible "triggers" for the behavior in each incident.

Allow the participants about 5 minutes to circle the answers.

Your Presentation Notes

A-B-C Worksheet:
Find the Behavior Triggers

Directions: In small groups, read and discuss the following stories. Circle the possible antecedents (what happened before the behavior) that may be acting as a "trigger."

Time: 9:30 p.m.
Location: Ramon's room
Behavior: Scream/yell
Incident: Ramon's roommate was watching "Jeopardy" on television in their room. Ramon told his roommate that he wanted to watch wrestling instead. His roommate said "No". Ramon started to scream and yell profanities at his roommate. Staff came in to the room and asked Ramon what was going on. Ramon said he wanted to watch wrestling. Staff told Ramon he could watch wrestling on the television in the living room. Ramon stopped screaming and watched wrestling in the living room.

Time: 7:00 p.m.
Location: Loretta's room
Behavior: Bite self/scream
Incident: Loretta was sitting in her room listening to the radio. Staff came in and said "Loretta, you need to do the dishes now." Loretta started to bite her arm and scream. Staff asked Loretta to take deep breaths until she calmed down.

Time: 7:30 a.m. Breakfast
Location: Kitchen
Behavior: Running and bumping into others
Incident: At 7:30 in the morning, Sam ran from his room, bumping into one of his housemates and knocking down another on his way to the kitchen table, where breakfast was being served. Sam was told not to run in the house.

Time: 1:30 p.m.
Location: At the Mall
Behavior: Throwing lunch pail
Incident: The DSP was supporting 4 people on a shopping trip to the mall. The DSP said "It's time to leave and go to the bus stop". Jose threw his lunch pail across the store. Staff helped Jose to pick it up and then they left the store.

Ask

What did you underline for each of the stories?

Note: On the opposite page, you will find this activity with the correct answers underlined. Make sure that answers from the participants have included the time, location and activity for each story.

Say

Remember, when looking at the "triggers" for a behavior, we need to be aware of where the behavior takes place, what time and what kind of activity is happening.

The Scatter Plot

Do

Show overhead #13

Say

The Scatter Plot is a simple, easy to use tool that takes very little time and effort to complete. It was developed by Dr. Paul Touchette, at U.C. Irvine. You can find one in your *Resource Guide* (refer to the page number).

It has squares from top to bottom representing 30 minute intervals from 6 a.m. through 10 p.m. for an entire month. You simply place an "X" in the square that

Your Presentation Notes

Scatter Plot

Name:_____ Month/year:_____

Behavior Definition:_____

☐ Behavior did NO occur ☒ Behavior DID occur ▨ Behavior occured 3x or more

Session #4, Overhead 13

matches the time and date when a behavior occurs.

After the data has been recorded for three to four weeks, you can use this Scatter Plot to identify patterns in behavior over time. What you do is look at the pattern of "X's" to see when the behavior is MOST LIKELY to happen, and then match those times and days to the activities, environments, task demands, people and other events that may be "triggering" the behavior to occur.

It is also important to look for the times when the behavior is LEAST LIKELY to happen, so you can find out what things are "working" in the person's life during those time periods. The Scatter Plot is not as useful with very high frequency behaviors. For example, any behavior which occurs an average of 10 or more times an hour.

Other Positive Strategies to use with the Scatter Plot:

Self Monitoring
It can also be very helpful to teach someone you support to use a scatter plot to "Self Monitor" their own behavior. They can use this tool to see how they are doing and to keep track of their behavior. In other words,

Your Presentation Notes

they can use it to "self-prompt" instead of needing someone else to prompt or tell them about their behavior.

Charting Positive Behaviors

Another way to use this tool is to chart positive behaviors like communicating, completing homework, using the bathroom/ toilet, etc. It is very important to find out when positive behaviors are more or less likely to happen. This helps us to focus on the POSITIVE instead of just charting negative or challenging behaviors.

Scatter Plot Activity

Do

Read the instructions for the Scatter Plot exercise found in the *Resource Guide*, and have the participants use the scatter plot in their packet to mark the data (X's) on. Walk around to check on participants during the activity to see if they need any assistance.

Say

In your *Resource Guide* (refer to the page number), you will find the Scatter Plot Activity. The directions for this activity are:

Review the 2 weeks of data and, using the scatter plot, mark an " X " for every time that Kevin screamed or cussed, under the appropriate time and date. When you are

Your Presentation Notes

Scatter Plot Activity
Kevin's Data

Directions: Review the 2 weeks of data below, and, using the scatter plot on the next page, mark an " X " for every time that Kevin screamed or cussed, under the appropriate time and date. When you are finished, compare Kevin's daily schedule to the patterns you see on the Scatter Plot.

When is Kevin more and less likely to scream or cuss, and why?

Date:	Time:	Activity/Behavior:
9/5	6:31 am	Screamed
	6:35 am	Screamed
	3:20 pm	Cussed for 5 minutes
	6:50 pm	Screamed and cussed
9/6	6:35 am	Screamed
9/7	6:40 am	Screamed
	3:25 pm	Cussed for 5 minutes
	7:10 pm	Cussed and screamed
9/8	6:35 am	Screamed
	3:29 pm	Cussed for 10 minutes
	7:45 pm	Screamed and cussed
9/9	6:33 am	Screamed
	3:25 pm	Cussed
	7:05 pm	Screamed and cussed
9/12	6:32 am	Screamed
	3:25 pm	Cussed for 5 minutes
	6:35 pm	Screamed
9/13	6:32 am	Screamed
9/14	6:32 am	Screamed
	3:31 pm	Cussed
	6:44 pm	Screamed and cussed
9/15	6:31 am	Screamed and Yelled
	3:32 pm	Cussed
	7:45 pm	Scream and cussed
9/16	6:34 am	Screamed
	3:25 pm	Cussed
	7:20 pm	Scream and cussed

Scatter Plot

Name:_____   **Month/year:** _____

Behavior Definition: _____

_____

	Behavior did NOT occur	**X** Behavior DID occur	▓ Behavior occurred 3x or more

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	17	28	29	30	31
6:00-6:30am																															
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9:30-10:00p																															

finished, compare Kevin's daily schedule to the patterns you see on the Scatter Plot.

(**Note:** This can be an individual or a small group activity.)

Ask

The bottom line question from this activity is when is Kevin more or less likely to scream or cuss, and why?

Do

When participants have completed marking the data -

Show overhead #14

Say

This is what your finished Scatter Plot should look like.
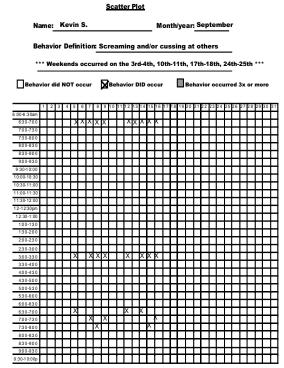
Do
Show overhead #15

Say

Next, compare Kevin's activity schedule to the Scatter Plot in order so you can answer the question about when and why does Kevin scream or cuss?

Say

When you are comparing the plot and the schedule, remember to look for patterns of days and times when the behavior is MOST

Your Presentation Notes

Scatter Plot

Name: Kevin S.   Month/year: September

Behavior Definition: Screaming and/or cussing at others

*** Weekends occurred on the 3rd-4th, 10th-11th, 17th-18th, 24th-25th ***

☐ Behavior did NOT occur   ☒ Behavior DID occur   ▨ Behavior occurred 3x or more

Session #5, Overhead 14

Kevin's Daily Schedule

Time:	Activity:	DSP:
6:30 am	Wake up housemates	Sally
7:00-8:00 am	Breakfast & a.m. routine	Sally
8:00 am	Take transit bus to work	
9:00-1:30 pm	Work at Home Depot	Job coach
2:30 pm	Arrive home on bus	Jon
3:00-3:30 pm	Others arrive home	Jon & Dan
3:30-5:00 pm	Home Chores	Jon
5:00-6:00 pm	"Free-time"	Dan
6:00-7:00 pm	Dinner	Jon & Dan
7:00-9:00 pm (M,W,Th,F)	Board games/social time with other housemates	Jon & Dan
7:00-9:30 pm (Tuesdays)	Community Outing	Jon
9:30-11:00	Relax/video games, etc.	Dan

Weekends (Sat/Sun):
Kelvin & other Residents get to sleep in and go on community outings both days of the weekend.

Session #4, Overhead 15

likely or LEAST likely to occur.

After about 5 minutes for comparing the scatter plot to the schedule -

Ask
What did you find out?

Note: Use the following questions to stimulate discussions if participants are having difficulty identifying patterns or coming up with ideas about why Kevin's behaviors are more and less likely to happen (answers are in italics).

- What is different about weekday mornings (when there are problem behaviors recorded) and weekend mornings (no problem behaviors recorded)?
  (*Kevin gets to sleep in on weekends.*)

- Why are Tuesday evenings (no problem behaviors recorded) different from the rest of the weekday evenings (Mon/Wed/Thurs/Fri) when there are behaviors?
  (*On every Tuesday, Kevin and his housemates go on a community activity.*)

- What is different about weekend activities (no problem behaviors recorded) and weekday evenings when there are problem behaviors?
  (*On the weekends, Kevin goes on community activities, which he seems to enjoy.*)

Your Presentation Notes

- Why do you think Kevin has no problem behaviors during the weekdays? (*He enjoys his job; he is out in the community.*)

Do
Show overhead #16

Say
Let's review what you found out.

When the behaviors are MOST likely to happen:

- EVERY weekday morning (Mon-Fri) at wake-up (about 6:30 am) Weekends seem to be fine (when he "sleeps in").

- EVERY weekday afternoon (EXCEPT Tuesdays,) at about 3:30. 3:30 is about the time that other residents arrive home (Kevin has been home from his job since about 2:30). The only thing "different" about Tuesdays (when Kevin doesn't display any afternoon behaviors) is that they go on community activities later that evening (they don't have community activities planned during the other weekday evenings, which is when Kevin typically has a problem).

- Weekday evenings (EXCEPT Tuesdays) after dinner and during "social time at home with other residents".

Your Presentation Notes

Most and Least Likely to Occur?

Most Likely
- **EVERY weekday morning**
- **EVERY weekday afternoon at about 3:30**
- **Weekday evenings _except Tuesdays_**

Least Likely
- **Weekends**
- **Tuesday afternoons & evenings**

Session #4, Overhead 16

When the behaviors are LEAST/LESS likely to happen:

- Weekends. Kevin gets to "sleep in" and goes on community outings both days.

- Tuesday afternoons and evenings. Kevin gets to go on community activities every Tuesday evening.

Ask

What minor changes could you make in Kevin's schedule to help his day go more smoothly and hopefully reduce some of his challenging behaviors?

- Since Kevin doesn't leave for work until 8:00 am on weekdays, could he sleep in an extra 30 minutes? OR- Look at a new "wake-up routine"; for example, get Kevin an alarm clock or clock radio alarm to wake him up, instead of a staff (which he seems to find irritating).

- Try to come up with an alternative routine or activity for Kevin on weekday afternoons when his housemates arrive home from their program (at about 3:30). Perhaps Kevin could even be away from the residence during this transition time (on a community walk, etc. ?).

- Give Kevin more opportunities to be involved in community activities on other weekday evenings (Mon/Wed/ Thu/Fri). Kevin definitely seems to prefer community activities over

Your Presentation Notes

Resource Guide

Scatter Plot Activity
Kevin's Daily Schedule

Time:	Activity:	DSP:
6:30 am	Wake up housemates	Sally
7:00-8:00 am	Breakfast and a.m. routine	Sally
8:00 am	Take transit bus to work	
9:00-1:30 pm	Work at Home Depot job	Job coach
2:30 pm	Arrive home on transit bus	Jon
3:00-3:30 pm	Other housemates arrive home	Jon and Dan
3:30-5:00 pm	Home Chores	Jon
5:00-6:00 pm	"Free-time"	Dan
6:00-7:00 pm	Dinner	Jon and Dan
7:00-9:00 pm (M,W,Th,F)	Board games/social time with other housemates	Jon and Dan
7:00-9:30 pm (Tuesdays)	Community Outing	Jon
9:30-11:00	Relax/video games, etc.	Dan

Weekends (Sat/Sun):

Kevin and other housemates sleep in and go on community outings both days of the weekend.

Your Presentation Notes

staying home with his housemates. Perhaps Kevin can be taught some community routines that he can do independently or semi-independently (like walking to a local market, going on a community walk, etc.). ALSO: Can Kevin be connected to some local community groups or classes during the evenings? It would be helpful to look into local parks and recreation centers, community colleges, churches/temples, hobby clubs, etc., to try and develop meaningful community connections for Kevin.
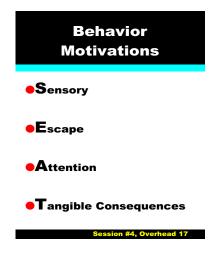
Behavior Motivations

Do

Show overhead #17

Say

The Motivation Assessment Scale is another good tool that will help you find the reasons for a challenging behavior. Mark Durand developed this tool which looks at four basic reasons why behaviors occur. An easy way to remember these four reasons why behavior happens is by remembering the word SEAT. The letters in the word seat stand for:

1. **SENSORY reasons.** These are **internal reasons** including pleasure, self stimulation, pain, medical issues, side affects of medications, mental illness, neurological issues (like seizures), etc.

Behavior Motivations

● **S**ensory

● **E**scape

● **A**ttention

● **T**angible Consequences

Session #4, Overhead 17

---

2. **ESCAPE or AVOIDANCE.**
   Sometimes we use our behavior to avoid or get out of doing something that we don't like (an activity or job, getting away from a person or place we don't like, etc.)

3. **ATTENTION** from others or specific people.

4. **TANGIBLE CONSEQUENCES.**
   Generally meaning attempts to "get" something we want, such as a preferred object, game, money, food, task or activity, etc.

Say

It is important to know that even extremely inappropriate and problem behaviors are serving a NEED for the person, and that need is NORMAL and valid, even if the behavior is not. Your challenge as a DSP is to teach the people we support to get their needs met by using behaviors that are more socially acceptable for the situation.

Say

Please turn to the activity in your *Resource Guide* titled Behavior Motivations (refer to the page number). Take a few minutes and write down some of the behaviors that you use to get your needs met.

For example:

Sensory	riding a rollercoaster
	eating chocolate

Your Presentation Notes

Behavior Motivations
(Behaviors we use to get our needs met)

Resource Guide

Directions: Please list some behaviors that YOU use to get your needs met in each of the following areas.

Sensory behaviors:

Escape behaviors:

Attention seeking behaviors:

Behaviors to get Tangible Consequences:

> It is NORMAL for us to do things (to behave in certain ways) in order to get our basic needs met. It's HOW we go about getting these needs met that becomes the real issue. In other words, the behaviors that we use to get our needs met are what is important. We learn the "time and place" to use certain behaviors; and we learn socially "appropriate" ways to get our needs met, instead of using behaviors that will annoy people, lead to job termination, losing friends, getting suspended from school, etc.

Escape	watching tv instead of working on the taxes
Attention	wearing a Hawaiian shirt in winter
Tangible Consequences	shelling peanuts at the baseball game

(**Note:** Give participants about 5 minutes for making notes).

Say

Please share some of your answers for each of these categories.

Sensory

Escape

Attention

Tangible Consequences

Do

Write down answers on a flip chart, blank transparency, or a chalkboard.

Say

Those are good ones, here are some additional answers for each category:

Sensory behaviors: smoking, snowboarding, drinking coffee, doing something nice for someone, feeling good about something we do on our jobs or with friends, etc.

Behavior Motivations

● **S**ensory

● **E**scape

● **A**ttention

● **T**angible Consequences

Session #4, Overhead 17

Your Presentation Notes

Escape behaviors: Procrastinating, things we do when we are in situations where we have to wait (what we do in a Doctor's office, while waiting in line at a grocery store, or bank, etc.)

Attention seeking behaviors: Interrupting, starting a conversation, whining, pouting, slamming things, calling someone on the phone, saying "Hi".

Behaviors to get Tangible Consequences: Working (to get a paycheck), the common "2 year old temper tantrum", asking for something, telling people what we want, etc.

BREAK

DSP Video Demonstration: Positive Behavior Support

Say
Now we are going to watch a DSP video demonstration and answer some questions about what we see. Be sure to watch closely because we are going to talk about what we see in the video.

Do
Start the video and follow the instructions on the video. You will be instructed to "pause"

Your Presentation Notes

Positive Behavior Support Video Demonstration: Part 1
Questions for Participants

1. **What were some of Espen's behaviors that you observed? (Write these down)**
   Whines   Screams
   Slaps his leg   Bites his hand
   Chases DSP from room

2. **What do you think that each of Espen's behaviors were communicating?**

   (See attached communication chart)

3. **How did the DSP communicate to Espen? (What did the DSP's behaviors communicate?)**

   Bossy, Demanding, Nagging,
   The DSP keeps saying the same thing over & over! The DSP may be thinking: "Why isn't Espen listening to me?", "Why won't Espen do what I'm telling him?", etc.

4. **What would you say or do differently if you were the DSP?**

   DON'T TALK SO MUCH! (It's annoying). Show Espen what you mean, point to the laundry. If Espen still doesn't do it, ask him if he wants to finish watching his TV show. Tell him you'll give him a break and come back in 5 minutes (or after the sports game is over).

   ASK THE PARTICIPANTS:
   How many of US actually stop what we're doing IMMEDIATELY (or even within 5 seconds) to "comply" with a request from our roommate or family member?

Behavior Communication Chart for Espen

When Espen...	It may mean...
Whines ("mmmmmm")	**"Don't interrupt me; I'm watching the game"** **-or-** **"I don't want to do that now"**
Slaps his leg, louder whining ("mmmmm")	**"You're not listening to me!"** **"I don't want to do that right now!"**
Bites his hand; screams	**"You're still not listening to me!"** **"Get out my way; now you're really bothering me!"**
Bites hand harder, screams louder. Chases DSP from room.	**"You're making me mad!"** **"Why aren't you respecting me?"**

Resource Guide

Positive Behavior Support Video Demonstration: Part 2
Questions for Participants

(Split up into groups of 3 to 4 people, and answer the following questions as a Team. Then, share your Team's answers with the larger group)

1. Why do you think that Espen behaved differently in Part 2?

The DSP "listened" to what Espen was saying through his behaviors. The DSP gave Espen a chance to watch his TV program before doing his laundry. The DSP didn't keep "nagging" Espen over and over to do his laundry. He gave Espen some space., He acknowledged what Espen wanted.

2. What are some of the things you saw that the DSP did differently in Part 2?

The DSP used less language (he didn't nag or repeat the same question as much). The DSP saw and listened to what Espen's behaviors were saying; he let Espen finish watching the game before doing his laundry. He gave Espen some "space", etc.

3. How do you think that Espen felt in Part 2 (as compared to Part 1)?

He felt that the DSP was listening to him in Part 2. He was happy to be left in peace to watch the game on TV. He was relieved that the DSP left him alone.

the video at one point, so be sure to stay in the room while the video is playing. Answers to the questions are on the previous three pages.

Overview of Functional Assessment

Say

Let's review some different things we can do to find out why behavior happens.

Do

Show overhead #18

Say

All behavior has meaning and is serving a need for the person. We need to do some detective work to find out the meaning (or purpose) of the behavior. We call this process **functional assessment.** Once we have a better understanding of why the behavior is occurring, we can identify and teach some appropriate replacement skills as an alternative to the challenging behavior.

To begin the process of functional assessment (finding out more about why the behavior is happening), let's look at some important questions that help us figure out what the meaning of behavior is and why it is happening.

Your Presentation Notes

Functional Assessment Strategies

ANTECEDENT *What happens BEFORE the behavior*	BEHAVIOR *What happened DURING*	CONSEQUENCE *What happened AFTER*
Things we can find out:	**Things we can find out:**	**Things we can find out:**
Identify **behavior triggers** or what sets off the behavior?	What does the behavior look like?	What is the pay-off for the challenging behavior? (All challenging behavior is getting reinforced by something!)
When is it more and less likely to occur?	How often does it happen?	
Where is it more and less likely to occur?	How long does it last?	What is the behavior "saying" to us?
What activities are most and least likely to promote the behavior?	What is the meaning of this behavior?	What is the person "getting" or "avoiding" through the behavior?
What do people **do or say** that leads to a behavior?	Are medications or medical factors influencing the behavior?	What reinforcers are available to the person every day? (People, places, activities and things that the person enjoys).
How does the person **learn best**?	Pay attention to decreases in or absence of typical behaviors.	
Who are his or her **friends**?		

Session #5, Overhead 18

Let's start by looking at some of the things we can find out about patterns in **antecedents** (things that happen before the behavior) that will help us find out more about the behavior.

Do
Refer to overhead #21 which is also in the *Resource Guide* (refer to the page number).

Start reviewing the left-hand column of the document.

Point to and say:
Identify behavior triggers. **What sets off the behavior?**

Say
Triggers are people, jobs, activities and situations that make it HIGHLY likely that a behavior will follow. Triggers are like direct signals for the behavior to happen. We can use our A-B-C data to identify triggers.

Point to and say:
When is the behavior more and less likely to occur?

Where is it more and less likely to occur?

What activities are most and least likely to promote the behavior?

Your Presentation Notes

Say

We can again use our A-B-C data to figure this out. It also helps when we ask these questions of other staff, family members, previous teachers, and the individual him or herself.

We can use A-B-C data to find out this information. Again, interviewing other staff, family members and the individual is helpful!

We can use A-B-C data, progress notes of home and community activities and Special Incident Reports to find out this information.

Point to and say:

What do people do or say that leads to a behavior?

How does the person learn best?

Who are his/her friends?

Say

We can again use our A-B-C data to figure this out.

It is important to know how people learn best and what learning style they use most. Once we know this information, we should match our teaching style to the persons learning style to ensure that we are maximizing their learning. For example, you

Your Presentation Notes

Functional Assessment Strategies

ANTECEDENT *What happens BEFORE the behavior*	BEHAVIOR *What happened DURING*	CONSEQUENCE *What happened AFTER*
Things we can find out: Identify **behavior triggers** or what sets off the behavior? **When** is it more and less likely to occur? **Where** is it more and less likely to occur? **What activities** are most and least likely to promote the behavior? What do people **do or say** that leads to a behavior? How does the person **learn best**? Who are his or her **friends**?	**Things we can find out:** What does the behavior look like? How often does it happen? How long does it last? What is the meaning of this behavior? Are medications or medical factors influencing the behavior? Pay attention to decreases in or absence of typical behaviors.	**Things we can find out:** What is the pay-off for the challenging behavior? (All challenging behavior is getting reinforced by something!) What is the behavior "saying" to us? What is the person "getting" or "avoiding" through the behavior? What reinforcers are available to the person every day? (People, places, activities and things that the person enjoys).

might use teaching through words, or by showing, demonstrating and practicing the skill in the natural environment for that skill or behavior.

Say
Now let's look at **things we can find out** about the **behavior** itself:

Point to and say:
What does the behavior look like?

How often does the behavior happen?

How long does it last?

Say
Can we come up with a behavior description that is observable and measurable? This will help us to observe it when it happens and to record progress over time.

We can use a scatter plot, a frequency count, or our progress notes to find this out.
We can also record how long the behavior lasts in our A-B-C data to get an average of how long the behavior typically lasts if this is important. For example, a 1 second scream is very different from 60 seconds of screaming.

Point to and say:
What is the meaning of this behavior?

Your Presentation Notes

What is the behavior "saying to us?"

Are there medications or medical factors influencing the behavior?

Say
Behaviors are strategies that people use to get their needs met. ALL behaviors mean something. We can use a Communication Chart to help find out what a behavior means. A-B-C data also gives us information that can help with this.

When we observe behavior that is very different than usual for the person, we should look at possible medical reasons for the behavior FIRST! We should work closely with Doctors to find out if there is any medical basis or reason for the behavior. Medication side affects can also influence behaviors. You can find information about the potential side-affects of a medication in a PDR (Physicians Desk Reference), or at your local pharmacy. We will be talking more about this in an upcoming session.

Point to and say:
Pay attention to decreases in or absence of typical behaviors.

Say
Like we just talked about, when a person is not acting normally (the way they typically act) this could be a sign that medical factors are involved.

Your Presentation Notes

The person might also be sick, ill, hungry, sleepy, or in pain.

Say

Finally, let's look at **things we can find out** about **<u>consequences</u>** that may be maintaining (or reinforcing) the problem behavior.

Point to and say

What is the pay-off for the problem behavior?
Remember, every problem behavior is getting reinforced by something!

Say

According to the rule of reinforcement, if a behavior continues to happen on a regular basis and/or increase over time, it is being reinforced, or paid off, by something although we may not always know what it is. We can use our A-B-C data to help us figure out what is reinforcing a behavior.

Point to and say:

What is the behavior "saying" to us?

What is the person "getting" or "avoiding" through the behavior?

Your Presentation Notes

Say

Again, all behavior means something. We should look at behaviors as the language a person uses to express their wants, needs, and feelings.

It helps to use A-B-C data and a Motivation Assessment Scale to find out the reasons why a behavior is happening.

Point to and say:

What reinforcers are available to the person every day?

This can be people, places, activities and things that the person enjoys.

Say

We can find this out by looking at the individual's daily schedule and through our daily observations and progress notes. Interviews with the individual, their family and people close to them is also helpful.

Say

In summary, all of this A-B-C information should help us to understand better why certain challenging behaviors happen.

Your Presentation Notes

A-B-C Activity: Identifying Possible Consequences that are Maintaining a Challenging Behavior

Do

Refer participants to the appropriate page in their *Resource Guide* for this activity.

Say

Let's break into small groups of 2 or 3 people to read and discuss these sample stories.

After you have read them, talk with your team and circle the possible consequences that may be maintaining or reinforcing the challenging behavior in each story.

Note: Give participants about 5 to 10 minutes to work on this in their small groups.

When finished, ask the teams to share their findings. The following page has the stories with the answers underlined.

Make sure that all of the possible consequences have been identified.

Say

In summary, remember that any number of things can be rewarding or reinforcing a challenging behavior. We can usually find

Your Presentation Notes

A-B-C Activity:
Identifying Possible Consequences for Challenging Behaviors

Directions: In small groups, read and discuss the following stories. Circle the possible consequences (what happened after) that may be maintaining or reinforcing the challenging behavior.

Time: 6:30 PM
Location: Living Room
Behavior: Making farting noises
Incident: Geoff finished eating his dinner and sat in the living room. When his roommate walked by, Geoff made loud farting noises. <u>His roommate said "Geoff's making farting noises!".</u> When staff walked in, Geoff made more farting noises. <u>Staff said "Geoff, knock it off!".</u> Five minutes later, Geoff made more farting noises<u>. His roommate yelled" Geoff's doing it again!".</u>

Time: 2:00 PM Sunday
Location: Living Room
Behavior: Interrupting and refusing to discuss choices she doesn't like.
Incident: Three roommates were deciding on the weekly menu in order to plan the shopping and cooking schedules. Two of them suggested spaghetti for Tuesday**.** Crystal loudly said, "No way, we are having fish and chips!" One roommate quietly said, "But…" and Crystal interrupted loudly, "That is the way it is going to be!" <u>The other two roommates both said okay softly.</u>

Time: 4:00 PM
Location: Van driving to store
Behavior: Hitting window with fist.
Incident: Pat is in the van with staff driving to the store. The staff was talking to another person in the van. Pat began waving and gesturing at the radio. The staff ignored her. Pat began to hit the van window with her fist. <u>The staff said "O.K., Pam; I'll turn the radio on" and turned the radio on.</u> Pam calmed down.

Time: 5:30 PM
Location: Family Room
Behavior: Hitting others
Incident: Sally was playing with a hand held video game. Staff asked her to turn the game off and set the table. Sally continued to play. Staff went to Sally and asked her again to turn the game off. Sally hit the staff on the arm. <u>Staff left Sally alone until she calmed down.</u>

out what is reinforcing a challenging behavior by looking at the consequences. If we can figure it out, we can work to reward a behavior that will work better for the individual.

Presentation and Review of Optional In-Class Activity

Note: If you have time at the end of this session, here is an optional activity you can use. You could also use this for a homework activity. You can use the teacher's script below for either a wrap-up of this session or as a lead-in to the next session.

Positive Behavior Support: A Summary of Functional Assessment Information

Say
At the end of the activity section in your *Resource Guide* (refer to the page number; see copy on the next page) is something titled *Optional Activity: Positive Behavior Support Outline Part 1- Functional Assessment Information.* This worksheet is a summary of the steps you will need to get the information that will help you understand why a particular behavior happens. The answers to these questions will help you

Your Presentation Notes

understand what the behavior is communicating, or, the <u>meaning</u> of the behavior. This is the <u>first half</u> of Positive Behavior Support, which is called "Functional Assessment."

Do
Show overhead #19

Say
In the next session, you will take this information and learn how to develop support strategies to teach positive behaviors.

Do
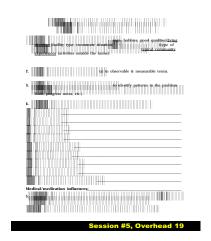Read through the optional activity page of questions to ask with the entire group.

Note: You can also use an example of a challenging behavior that you have worked up before class.

Practice Questions

Say
In your *Resource Guide* (refer to the appropriate page), you will find some practice review questions about this session.

Please take a few minutes to read the questions and mark your answers on the practice form.

Your Presentation Notes

Session #5, Overhead 19

Optional Activity: Positive Behavior Support Outline
Part 1- Functional Assessment Information

1. **Provide a brief description of an individual you know** (age, hobbies, good qualities), **living situation** (facility type, roommate situation), **school, work, day program** (type of classroom, day program, supported employment & supports) **typical community experiences** (activities outside the home):

2. **Describe a challenging behavior**(s) in observable and measurable terms.

3. **List the assessment tools that you used** to identify patterns in the challenging behavior across different environments. (Scatter plot, A-B-C, Motivation Assessment Scale, progress notes, etc.).

4. Answer the following questions about the challenging behavior:

When most likely: _____

When least likely: _____

Where most likely: _____

Where least likely: _____

With whom most likely: _____

With whom least likely: _____

What activities most likely: _____

What activities least likely: _____

Consequences maintaining behavior: _____

Medical/medication influences: _____

5. **What do you think that the function (meaning) of the behavior is?** What is the person either getting, avoiding or saying through their behavior?

What Do You Think the Challenging Behavior is Communicating?

Wait about 5 minutes.

Say

Let's review your answers.

Do

Make sure that all of the questions are answered correctly and review the information as needed.

Ending the Session

Say

In our next session, we will continue talking about *Positive Behavior Support* and ways to *Adapt Support Strategies to Ensure Success.*

Say

Don't forget to look at the key words for the next session. You can find the definitions for a session at the end of the each *Resource Guide.* All of the words for Year 2 are in the **Key Word Dictionary** in the *Resource Guide*, Session #12. Any questions? See you next time.

Your Presentation Notes

Resource Guide

Key Word Dictionary
Positive Behavior Support
Session #5

A-B-C data
The recording of Antecedents (A), the Behavior (B), and the Consequences (C) when a challenging behavior happens. By writing down this information each time a challenging behavior happens, it is easier to identify Antecedents and Consequences that happen most often before and after the behavior. You can record A-B-C data on a sheet of paper by making 3 sections (one each for Antecedents, Behavior and Consequences).

Antecedent
The things that happen BEFORE the behavior, like what time it was, where the behavior took place, what activity was happening, and who was around. We want to identify antecedents that happen before a certain behavior so that we can understand when, where, with whom and during what activities the behavior will be more and less likely to happen.

Behavior Function
The function (or meaning) of a behavior is what the person is getting or avoiding through their behavior. For example; "An individual yells in order to be sent to his room and avoid doing the dishes."

Behavior Triggers
Triggers are the things that will usually "set a behavior off." A trigger can be a place, person, thing, or activity.

Consequence
The things that happen immediately after the behavior, like reactions or attention from people, getting something (like food, candy, toys, or other objects), being removed from an activity or place, and other things that people may say or do. We want to identify the consequences that usually happen after a challenging behavior, because there is a good chance that these consequences are reinforcing (making it more likely to happen again).

Replacement Behavior
The new skills and behaviors that we want to teach the person as an alternative to the challenging behavior.

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For ideas and concepts for developing self-control plans as an alternative to losing
control. (P.F.G. has developed a much more extensive 16 hour course covering
proactive approaches to dealing with assaultive behavior called *Professional Assault*
Response Training (P.A.R.T.).

If You Want to Read More About
Positive Behavior Support

The Journal of Positive Behavior Interventions; PRO-ED, Inc.
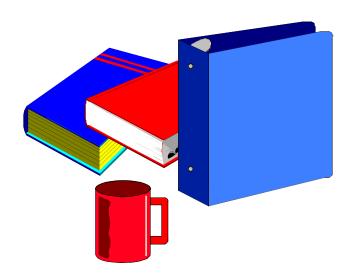(800) 897-3202; Web site: www.proedinc.com

This journal includes articles that deal exclusively with Positive Behavior Support and Teaching Strategies for individuals with challenging behaviors. The articles include practical information that can be used by Direct Support Staff, family members and teachers.

O'Neill, R., Horner, R., Albin, R., Storey, K., and Sprague, J. (1997).
Functional assessment and program development for problem behavior: a practical handbook, Pacific Grove, Brooks/Cole Publishing. You can reach Brooks/Cole Publishing at (800)-354-9706.

This handbook is an easy-to-read manual which contains a variety of Functional Assessment tools and formats of Positive Intervention (Support) Plans. It is a "how-to" guide which goes through the process of how to assess behavior and develop a support plan. This is a great tool for anyone who will be developing support plans for individuals with a history of behavior challenges.

Direct Support Professional Training
Year 2

Teacher's
Resource Guide

Session #6
Positive Behavior Support:
Strategies to Ensure Success

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	**Positive Behavior Support: Adapting Support Strategies to Ensure Success**	**3 hours**
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Session: 6

Topic: Positive Behavioral Support: Adapting Support Strategies to Ensure Success

Core
Objectives: Upon completion of this session, the DSP should be able to:

1. Demonstrate effective methods to teach positive replacement behaviors and support existing positive behaviors
2. Identify and teach replacement behaviors and skills (social and communication skills, relaxation and coping strategies, etc.)
3. Promote choice-making and predictability
4. Provide meaningful reinforcements to encourage positive behaviors while minimizing reinforcement for challenging behavior
5. Collaborate with family and support team to implement support strategies and monitor progress.
6. Document progress
7. Develop and adapt support strategies to ensure progress

Time:

Introduction and Key Words	5 minutes
Samples of Replacement Behaviors	5 minutes
Teaching Replacement Behaviors	
Guidelines	10 minutes
Activity: I.D. Behavior Meaning	
& Replacement Behaviors	20 minutes
Developing Support Strategies	15 minutes
Activity: Identify Replacement	
Behaviors & Skills	20 minutes
Charting Progress	10 minutes
Changing Support Strategies	
When They Don't Work	15 minutes
BREAK	15 minutes

Meaningful Reinforcement	15 minutes
Activity: What About Your Reinforcers?	20 minutes
Optional Activity and Discussion	15 minutes
Practice Questions	10 minutes
Ending the Session	5 minutes
Total Time	**180 minutes**

Materials:
- Overhead Projector or LCD Projector with compatible laptop computer and Powerpoint application;
- Hard copy of overheads or disk with Powerpoint presentation;
- Some blank overheads, a flipchart, or chalkboard with markers, chalk, etc.; and
- *Resource Guide* for all class participants

Preparation

Instructor should read over the presentation outline, becoming thoroughly familiar with the information and instructions for the presentation. The information could be presented verbatim or paraphrased, as long as the essential information is conveyed.

Your Presentation Notes

Introduction

Do

Show overhead #1

Say

In Session 6, we'll be talking about successful positive behavior support strategies.

Key Words

Do

Show overhead #2

Say

Let's look at the key words for today. (Refer to the page number in the resource guide.)

They are:
- Replacement Behavior
- Reinforcement
- Charting Progress
- Support Strategies
- Support Plan

Session 6: Positive Behavior Support

Adapting Support Strategies to Ensure Success

Session #6, Overhead 1

Key Words

- **Replacement Behavior**
- **Reinforcement**
- **Charting Progress**
- **Support Strategies**
- **Support Plan**

Session #6, Overhead 2

Remember, you can find the definitions of these words at the end of the *Guide* for this session and in the Session #12 *Guide*.

Throughout this session, we will talk about the key words, what they mean and how they apply to your job as a DSP!

Teaching Replacement Behaviors and Skills

Say

Now, let's talk about one of the most important parts of positive behavior supports - teaching positive replacement behaviors as an alternative to challenging behaviors.

Do

Show overhead #3

Say

When we observe and understand why a challenging behavior is occurring, we need to identify what skill or behavior might work better for the individual and teach that replacement/alternative behavior. Remember, behavior is communication.

Your Presentation Notes

Replacement Behaviors & Skills

Teaching replacement behaviors & skills

as an alternative to challenging behavior

is one of the most important things to know about Positive Behavior Support

Session #6, Overhead 3

Do

Show overhead #4

Say

The single most helpful strategy to use in identifying replacement skills (or behaviors) to teach is <u>meeting and/or collaborating as a team</u> with the people that know the person the best. The more ideas you get, the better the chances are that you will be successful. Remember, the best way to help someone learn an alternative to a challenging behavior is to teach it.

Do

Show overhead #5

Say

Here is a list of some of the areas you should look at when trying to identify positive replacement skills to teach:

- communication skills

- social skills

- assertiveness skills

- hobbies, leisure & recreational skills

- self-care, domestic, and community living skills

- coping strategies and problem solving skills

- new daily routines

Your Presentation Notes

Most Helpful

The single most helpful strategy to use in identifying replacement skills is to

<u>meet and work together as a team</u>

with the people that know the person best

Session #6, Overhead 4

Samples of Replacement Skills

- communication skills
- social skills
- assertiveness skills
- hobbies, leisure and recreational skills
- self-care, domestic, and community living skills
- coping strategies and problem solving skills
- new daily routines

Session #6, Overhead 5

Do
Show overhead #6

Say
Now let's review four important guidelines for successfully teaching replacement behaviors:

1. The replacement behavior must serve the same purpose as the challenging behavior.

   For example, when a person is using a challenging behavior to "get attention", then the replacement behavior we are teaching should help the person to "get attention" in a more socially appropriate way.

2. The replacement behavior must receive "payoff" (reinforcement) as soon or sooner than the challenging behavior.

   We want to make sure that the new replacement behavior is reinforced just as quickly as the challenging behavior. For example, if a person throws things to "stop" an activity they don't like, when we teach a replacement behavior (like signing or asking for a break from the activity) we want to be sure that they can leave, or "stop" the activity just as quickly as when they threw things.

Your Presentation Notes

Four Things to Remember

The replacement behavior must:

1. serve the SAME PURPOSE as the challenging behavior;
2. receive "payoff" (reinforcement) as soon or sooner the challenging behavior;
3. get as much or more "payoff" (reinforcement) than the challenging behavior; and
4. just as easy (or easier) to do as the challenging behavior.

Session #6, Overhead 6

3. The replacement behavior must get as much or more "payoff" (reinforcement) than the original challenging behavior.

    For example; if a person removes all their clothes in aisle 7 at Walmart and everyone in the store notices, then our challenge is to find a new, more socially appropriate replacement behavior that ALSO allows the person to get lot's of people to look at them! (Maybe this person needs to be participating in Karaoke nights, talent shows, or other performing arts.)

4. The replacement behavior must be just as easy (or easier) to do than the challenging behavior.

    When a replacement behavior is more difficult to use (or perform) than the original challenging behavior, the person often goes back to using the challenging behavior, because it's easier to do! For example, let's say a person screams when they want help from staff. The replacement behavior is to find a pencil and paper and write a paragraph or draw a picture about what is bothering them BEFORE staff helps them. Over time, they might find that screaming is a lot easier (and quicker) than writing a complete paragraph!

Your Presentation Notes

Activity: Behavior Meaning and Replacement Behaviors

Your Presentation Notes

Say

Let's work on an activity to practice identifying replacement skills.

Say

In this activity, you will be working together as a team to list some positive replacement behaviors and skills as an alternative to the challenging behaviors listed. Remember, as a group, you will almost always come up with more ideas. The more ideas, the better!

Do

Split the participants into groups of 3-5 people. Assign <u>one</u> of the three questions to each group to work on.

Say

To complete this activity, you must work together as a team on the **<u>one</u>** question assigned to you. Your job is to write down as many positive replacement behaviors and skills that you can think of for the challenging behavior. The questions are on pages (refer to the page numbers) in the Worksheets and Activities section of your Resource Guide.

Activity:
Identifying Positive Replacement Behaviors & Skills

Directions: Please work on this activity in small groups (3 – 5 people) so that you can problem-solve together as a team. Based upon the assessment information given below, think of as many *positive replacement behaviors* and skills as you can for each situation. Be sure to list replacement behaviors that serve the SAME PURPOSE as the challenging behavior!

1. Tanya has a history of hitting and scratching her stomach. She does not have any verbal language. From staff and family observations and A-B-C data, you have found out that one of the main reasons that she hits and scratches her stomach is when she is experiencing menstrual pain. When she hits and scratches her stomach, staff now know that Tanya has a prescription in her file for Advil or Motrin as needed.

   What could you teach Tanya to do instead of hitting or scratching her stomach to indicate that she is in pain and needs medication?

2. Leon has a habit of hitting or slapping people on the back. The A-B-C data shows that when people turn around after they get hit, Leon smiles and says "Hi". The Motivation Assessment Scale shows that Leon is hitting and slapping people for reasons of attention. Based on the data, Leon's support team believes that he hits and slaps people on the back to start a conversation.

    What are some replacement skills you could teach Leon that would be more positive ways to start a conversation?

3. Robert loves to talk to people and has great conversation skills. Robert has 11 other housemates, but he likes to talk to staff rather than his housemates. The challenge is that Robert wants to talk to the staff even when they are helping others. When staff tell Robert that they can't talk with him, Robert becomes upset and often runs away from the house and staff have to chase him. The A-B-C data shows that when Robert goes out in public places, he RARELY gets upset. The Motivation Assessment Scale shows that Robert gets upset and runs away because he wants attention. The home where Robert lives takes Robert out in the community once each week. Based on this information, Robert's team has realized that he NEEDS MORE OPPORTUNITIES TO GO OUT INTO THE COMMUNITY AND/OR TALK TO PEOPLE.

    What ideas can you think of that will help Robert to have more opportunities to go out into the community and/or talk with people?

Do

Show overhead #7

Say

Remember to look at these areas to help you think about types of replacement skills. Be sure to list replacement behaviors that serve the SAME PURPOSE as the challenging behavior! (**Note:** For this activity you will need a flip chart, chalk board, or blank overheads to record answers.)

Do

Give participants about 5-10 minutes to work on their assigned question. When the groups have finished -

Show overhead #8

Say

Let's start with the groups that worked on **Tanya**.

Ask

What could you teach Tanya to do **instead** of hitting or scratching her stomach to indicate that she is in pain and needs medication?

Do

Use a blank overhead transparency, a flip chart, or a chalk board to write down a list of Positive Replacement Behaviors that the

---

Your Presentation Notes

Samples of Replacement Skills

- communication skills
- social skills
- assertiveness skills
- hobbies, leisure and recreational skills
- self-care, domestic, and community living skills
- coping strategies and problem solving skills
- new daily routines

Session #6, Overhead 7

Tanya

Tanya has a history of hitting and scratching her stomach. She does not use words to talk. From staff & family observations and A-B-C data, you have found out that one of the main reasons that she hits and scratches her stomach is **when she is experiencing menstrual pain**. When she hits and scratches her stomach, staff now know that they should give her a PRN of Advil, or Motrin, which is prescribed to be used as needed for menstrual pain by her Doctor.

What could you teach Tanya to do instead of hitting or scratching her stomach to indicate that she is in pain and needs medication?

Session #6, Overhead 8

Your Presentation Notes

participants came up with. When they have finished giving their answers, put up the next overhead to see how their answers compare to the variety of answers on the overhead.

Do
Show overheads #9 and #10

Do
Review the answers for Tanya and add any additional answers the group provided.

Repeat the instructions above for **Leon**, while showing the following overheads:

Show overheads #11, #12

Some Ideas for Tanya

- Teach her to point to a picture or card that says "my stomach hurts." Once she can do this, help her to keep this card in her wallet or purse (or at least have it available for her to use) so she can get it out and show a DSP when she feels menstrual pain.

- Other Ideas?

Session #6, Overhead 10

Leon

Leon has a habit of hitting or slapping people on the back. The A-B-C data shows that when people turn around after they get hit, Leon smiles and says "Hi!." The Motivation Assessment Scale shows that Leon is hitting and slapping people for reasons of attention. Based on the data, Leon's support team believes that he hits and slaps people on the back **to start a conversation**.

What are some replacement skills you could teach Leon that would be more positive ways to start a conversation?

Session #6, Overhead 11

Some Ideas for Tanya

- Teach her to use the sign for "hurt" when you notice that she is showing signs of pain.

- Teach her to touch or point to her stomach (instead of hitting it or scratching it) when it hurts.

Session #6, Overhead 9

Some Ideas for Leon

- Teach Leon to say "Hi" BEFORE he hits someone to start a conversation.

- Teach Leon to GENTLY TAP or touch people on the back or shoulder to start a conversation.   (This will probably work best!)

- Other ideas?

Session #6, Overhead 12

Do

Review the answers for Leon and add any additional answers the group provided.

Do

Repeat the instructions above for **Robert**, while showing the following overheads:

Show overheads #13, #14, #15 and #16

Your Presentation Notes

Robert

Robert loves to talk to people and has great conversation skills. Robert has 11 other housemates, but he likes to talk to staff rather than his housemates. The challenge is that Robert wants to talk to the staff even when they are helping others. When staff tell Robert that they can't talk with him, Robert becomes upset and often runs away from the house and staff have to chase him. The A-B-C data shows that when Robert goes out in public places, he RARELY gets upset. The Motivation Assessment Scale shows that Robert gets upset and runs away because he wants attention.

Session #6, Overhead 13

Robert

The home where Robert lives takes Robert out in the community once each week. Based on this information, Robert's team has realized that he NEEDS MORE OPPORTUNITIES TO GO OUT INTO THE COMMUNITY AND/OR TALK TO PEOPLE..

What ideas can you think of that will help Robert to have more opportunities to talk with people?

Session #6, Overhead 14

Some Ideas for Robert

- Teach Robert to ask staff when they will be able to talk to him.
- Teach Robert how to make a phone list of family & friends that he can call.
- Provide him with MORE OPPORTUNITIES to get out of his home and into the community!

Session #6, Overhead 15

Some Ideas for Robert

- Help Robert develop a variety of community connections that he can be involved in every week, such as:
  - Church or Temple activities
  - Social & Hobby Clubs
  - Self Advocacy Groups like "People First"
  - Sporting Events & Leagues
  - A Community College Class
- Other ideas?

Session #6, Overhead 16

Developing Support Strategies

Do

Show Overhead #17

Say

One of the key concepts in Positive Behavior Support is to *teach a positive REPLACEMENT behavior or skill* as an alternative to a challenging behavior. Once we understand the "function," or meaning of the behavior, we want to teach the person a more appropriate way to get their needs met.

Things We Can Change about How We Support People

Say

Now we're going to look at some things we can change about how we support people. These strategies can become a part of a behavior support plan. Let's look at some strategies we can use before the behavior happens or **Antecedent Events.**

Do

Show overhead #18 (see following page)

Do

Point to the statement and say
Use teaching strategies that match the persons learning style.

Your Presentation Notes

Replacement Behaviors & Skills
Teaching replacement behaviors & skills
as an alternative to challenging behavior
is one of the most important things to know about Positive Behavior Support
Session #5, Overhead 17

Developing Support Strategies

ANTECEDENT *What happens* *BEFORE*	BEHAVIOR *What happens* *DURING*	CONSEQUENCE *What happens* *AFTER*
Things we can CHANGE:	Things we can CHANGE:	Things we can CHANGE:
Use teaching strategies that match the persons learning style.	TEACH new, socially acceptable behaviors and skills to REPLACE challenging behaviors.	Focus on what the person is doing well, instead of what they are not doing well.
Provide MORE CHOICE (in ALL areas of life)	Teach a more appropriate way to get his/her needs met.	"Catch'em when they're GOOD!"
Remove or change some of the behavior "triggers"	Work closely with physicians to monitor medications, medical issues and possible side effects.	Have a plan to reinforce replacement skills and positive behaviors.
Make life more predictable for the person:		Reward and celebrate small successes! Don't demand perfection.
Use calendars and pictures;	Increase and reinforce appropriate skills that the person ALREADY HAS!	Ignore the behavior, NOT THE PERSON.
Rehearse what you will do BEFORE you do it; and		
Help people develop routines they enjoy.		

Session #5, Overhead 18

Developing Support Strategies

ANTECEDENT *What happens BEFORE*	**BEHAVIOR** *What happens DURING*	**CONSEQUENCE** *What happens AFTER*
Things we can CHANGE: Use teaching strategies that match the persons learning style. Provide MORE CHOICE (in ALL areas of life) Remove or change some of the behavior "triggers" Make life more predictable for the person: Use calendars and pictures; Rehearse what you will do BEFORE you do it; and Help people develop routines they enjoy.	**Things we can CHANGE:** TEACH new, socially acceptable behaviors and skills to REPLACE challenging behaviors. Teach a more appropriate way to get his/her needs met. Work closely with physicians to monitor medications, medical issues and possible side effects. Increase and reinforce appropriate skills that the person ALREADY HAS!	**Things we can CHANGE:** Focus on what the person is doing well, instead of what they are not doing well. Have a plan to reinforce replacement skills and positive behaviors. Reward and celebrate small successes! Don't demand perfection. Ignore the challenging behavior, NOT THE PERSON.

Provide MORE CHOICES for the individual in ALL areas of life.

Remove or change some of the behavior "triggers."

Say
We should match our teaching style to the persons learning style to ensure that we are maximizing their learning. The best teaching strategy is to use ALL learning modalities when we teach: Teach by saying; showing and modeling with visual cues and gestures; and by actually DOING; role playing and practicing the skill in the actual setting where we want the person to display that skill or behavior. We'll spend the next two sessions learning more about teaching strategies.

To provide more choice making opportunities, we should look at a variety of areas, including choice in schedule, activities, and menus. We also need to look at how we are exposing the people we support to a variety of NEW activities, places, events, hobbies and people so they have a wider array of things that they know and can choose from.

Often, some of the things that we say or do can lead to behavioral issues - these are called "triggers.". Just changing some of the ways we support the person (by removing things that are triggers) can help assist the person to improve their behavior.

Your Presentation Notes

Do
Point to the statement and say

Make life more predictable for the person:

- Use calendars and picture schedules.

- Rehearse what you will do BEFORE you do it!

- Help people develop routines they enjoy.

Say
Calendars and written notes, schedules and information are fairly simple ways to provide visual information to people who need assistance understanding information. These are also normal strategies that we use to help keep ourselves organized in our lives. We can also use pictures and symbols for individuals who cannot read.

Verbally rehearsing what we will be doing, when we will be doing it, how long the activity will last, and other expectations regarding behavior are another excellent way to help people to understand what is expected from them and what they can expect from an event or activity. This helps people feel more in control of what is happening.

It is extremely important to assist people to develop **routines** they are comfortable with,

Your Presentation Notes

and to respect routines that are important to them. Routines help provide people with structure and a sense of control in their lives.

Say

Now let's look at some strategies that we can use when challenging behaviors happen.

Do
Point to the statement and say-

We should try to TEACH new socially appropriate behaviors and skills to REPLACE challenging behaviors. Teach the person a more appropriate way to get their needs met.

Say

Again, when people display challenging behaviors, we want to teach them a new, socially appropriate behavior or skill to get their needs met. We need to identify a new behavior or skill that meets the same need (serves the same function) as the challenging behavior. We did this in the exercise we just completed and will go over more samples of replacement behaviors and skills later in this session.

Your Presentation Notes

Do
Point to the statement and say -

The support team should work closely with physicians to monitor medications, possible side affects, and medical issues.

Say
Working with Doctors, Neurologists, Psychiatrists and other medical professionals is essential in assessing medical issues that influence behavior.

The person's challenging behavior may be the expression of a symptom of illness, pain, or discomfort.

Or the behavior may be related to a side effect of a prescribed medication.

We need to share behavior data and progress notes with Doctors and ask specific questions about possible side affects of prescribed medications.

If there is a medical problem, once it is diagnosed and treated, challenging behavior issues will likely disappear. There will no longer be a need to communicate the symptoms of the illness through behavior.

It is also important to reinforce and provide positive feedback for appropriate behavior

Your Presentation Notes

and skills. This will strengthen the appropriate behavior and motivate the person to do it again. If we don't provide positive feedback and reinforcement to people when they are acting appropriately, their appropriate behaviors may stop!

Say

Now let's look at some strategies we can use after the behavior called **Consequences.**

Do

Point to the statements and say -

Focus on what the person is doing correctly, instead of what they are doing wrong.

Say

In general, we find that the behavior we focus on and pay attention to is the behavior that increases over time. All too often our focus is on problem behaviors. We should try to make sure that we pay more attention to the behaviors we want to see more of (the good stuff) instead of paying more attention to the behaviors we don't want to see (the not so good stuff!) That's why good teachers have always made a habit of catching students when they're good and rewarding that behavior in some way.

Do

Point to the statement and say

Have a plan to reinforce replacement skills and positive behaviors.

Reward and celebrate small successes! Don't demand perfection.

Say

We need to make sure there is a plan to reinforce and provide positive feedback and some type of "pay-off" for replacement behaviors. This is especially important when people are just learning a new skill or replacement behavior. We want to provide a higher level of reinforcement at first to "pay off" the behavior when it happens. Over time, as the person learns the skill, our plan should be to fade the reinforcement.

Nobody is perfect. Even when behaviors are improving and people are making progress, there will still be mistakes and bad days. It is important to celebrate the small successes; this feels great for all of us. If we demand giant steps or perfection, we may never have anything to celebrate! Try to focus on and pay attention to the "good stuff" people do!

Your Presentation Notes

Do
Point to the statement and say-

Ignore the behavior, NOT THE PERSON.

Say
It is good practice to ignore challenging behavior when it occurs, while trying to focus on positive things that the person is doing. For example, when someone is constantly asking the same question, we can redirect an inappropriate topic to one that is more relevant or appropriate to allow a conversation to continue. Generally, when we try to completely ignore the person (instead of just the behavior), the behavior may get worse and possibly escalate into a more dangerous behavior.

Say
Now let's practice what we've learned by working on an exercise to identify Replacement Skills.

Activity: Identify Replacement Behaviors and Skills to Teach as an Alternative to the Problem Behavior

Do
Refer participants to the appropriate page in their *Resource Guide* and have them split into groups of 2 to 4.

Your Presentation Notes

Activity: Identify Behavior Meaning and Skills to Teach as an Alternative to the Challenging Behavior

Directions: In small groups, read and discuss the following A-B-C data recorded on Jack's behavior. He has been spitting at others a lot more over the past month. Please work together as a team to discuss and answer the questions on the next page.

Antecedent: Jack and his housemates finished dinner and were sitting at the dinner table.

Behavior: Jack spit at the staff.

Consequence: Staff told Jack to go to his room.

Antecedent: On Saturday afternoon, staff asked Jack to get in the van to go bowling with the group.

Behavior: Jack spit at the staff.

Consequence: Staff told Jack he couldn't go bowling and had to stay home.

Antecedent: Jack was part of a group shopping trip to the mall. The group had been shopping for 60 minutes.

Behavior: Jack spit at a community member.

Consequence: Jack was taken to the van.

Antecedent: On Sunday at 6:00 p.m., Jack and his housemates were in the backyard having a barbecue. Jack had just finished his hamburger and meal.

Behavior: Jack spit at a staff member.

Consequence: Jack was sent inside to his room.

Identify Behavior Meaning, continued

As a team, please answer these questions:

1. Identify possible consequences that may be reinforcing (maintaining) Jack's behavior of spitting.

2. Figure out what Jack is either getting or avoiding through his behavior.

3. Identify some <u>replacement behaviors or skills</u> for Jack that he can use in future situations like this as an alternative to spitting. (Remember: The "need" that Jack is expressing through his behavior is normal! It's the behavior he is currently using to get his need met that is inappropriate.)

4. Describe how you would plan to reinforce these new skills.

Ask

Participants to read the A-B-C data recorded on Jack's behavior and to answer the questions:

1. Identify possible consequences that may be reinforcing (or maintaining) Jack's behavior of spitting.

2. Figure out what Jack is either getting or avoiding through his behavior.

3. Identify some <u>replacement behaviors or skills</u> to Jack that he can use in future situations like this as an alternative to spitting.

4. Describe how you would plan to reinforce this new skill.

   Remember: The "need" that Jack is expressing through his behavior is normal! It's the behavior he is currently using to get his need met that is inappropriate.

Do

Give participants about 10 minutes in their groups to work on the questions.

Ask

Each group to share their answers for each question.

Do

Show overhead #19, #20, #21

Review the answers -

The consequence, or outcome, that is repeated in each A-B-C example is that Jack's behavior of "spitting" allows him to get away or escape from the situation, activity, demand, or environment he is in when he spits. Spitting seems to be a good, effective strategy for Jack to escape from groups, places and activities that he doesn't seem to enjoy. Our next step is to teach him another way to communicate his need to get away from these things.

Some examples of replacement skills that will allow Jack to escape or avoid large groups, activities, or places he doesn't enjoy could include:

- Teach to say "No", "I want to leave now", or "I don't want to be here"
- If he has some communication deficits/difficulties:
  - Teach to sign for a "break" when he wants to leave a situation
  - Teach to point to a picture or symbol to indicate his need to leave

The key to success for Jack is that his new replacement skill will have to be just as effective (or better) than the spitting is at getting him away from situations that irritate or annoy him.

Your Presentation Notes

What Does it Get Jack?

1. Jack's behavior of "spitting" allows him to escape from the situation, activity, demand, or environment he is in when he spits.

2. Spitting seems to be a good, effective strategy for Jack to use when he wants to escape from groups, places and activities that he doesn't enjoy.

Session #6, Overhead 19

Possible Replacement Skills

1. Teach to say "No", "I want to leave now", or "I don't want to be here"
2. If he has communication deficits/difficulties:
   - Teach to sign for a "break" when he wants to leave a situation
   - Teach to point to a picture or symbol to indicate his need to leave to others

Session #6, Overhead 20

Possible Reinforcement Plan

- Compliment or praise him for using his new skill and then allow him to have a break from the activity or event as soon as possible. If it is not possible for him to leave the activity when he asks, then the DSP should acknowledge his request and let him know when he can leave or take a break.

Session #5, Overhead 21

The best and simplest way to reinforce Jack's new communication skill of requesting a break is to compliment or praise him for using his new skill and then allow him to have a break from the activity or event as soon as possible. If it is not possible for him to leave the activity when he asks, then the DSP should acknowledge his request and let him know when he can leave or take a break.

Charting Progress

Do
Show overhead #22

Say
One of the most important reasons why we take data is to chart progress. As a DSP, you need to know if the behaviors and skills of the people you support are improving over time, or if they are just staying the same or getting worse. Charting progress helps you to know if your support plan is working or not.

We can take data on behaviors through daily Progress Notes, A-B-C data, Scatter Plots and frequency charts, Behavior Maps and even when we write Special Incident Reports. It is also helpful to speak with other people who support the person (family members, day

Your Presentation Notes

Charting Progress

- It will help you know if the behavior is improving, staying the same, or getting worse.

- It helps us know if the support plan is working or not.

- We can chart progress by taking progress notes and using our data sheets (A-B-C, scatter plot, etc.).

Session #5, Overhead 22

program/vocational, school and residential staff, and the individual him or herself) to get information across a variety of activities and environments and to get different perspectives about what progress is being made. The best way to get this information is to have regular Team Meetings with the individual and his/her family, friends and people who support him/her. Good problem solving and discussion can happen at a Team Meeting.

Changing Support Strategies When They Aren't Working
or
Change Can Be Good!

Do
Show overhead #23

Say
No support plan should ever be written in stone. There should be regular opportunities to review what is working and what is not working and making changes in the plan to make it more effective. Our goal is to chart progress on a regular basis and make changes to our support plans based on the data we collect to ensure that we continue to see progress.

Your Presentation Notes

Session #5, Overhead 23

One of the most common MISTAKES we make, is that we don't change the support strategies we use when they aren't working!

Do

Show overhead #24, #25

Say

Here are some guidelines for improving and modifying support plans that aren't working to ensure success:

1. Teaching opportunities should happen regularly. We should also try to make good use of "natural" times to teach.

   Give this Sample Scenario: You are at the Video Store and a person you support finds out that the video they wanted has already been checked out. This provides a good opportunity for you to help the person to "problem solve" and figure out how they want to handle it. For example: Ask the person if they want to choose another video, or come back another day?

2. If the plan is working, our data should show <u>continual</u> progress and improvement. REMEMBER TO CELEBRATE THE SMALL SUCCESSES!

3. As a rule, team meetings should be held regularly (at least monthly) to review data and find out what is working and what isn't working. In some situations, we would need to meet to review progress more frequently.

Your Presentation Notes

Keeping Support Plans Successful

1. Teaching occurs regularly

2. Data shows continual progress and improvement (celebrate success)

3. Meet with the team to talk about changing support strategies (if needed) based on what is working and what is not working

Session #6, Overhead 24

Keeping Support Plans Successful

4. There may be a need to modify or adapt SOME of the strategies or to add more

5. Teaching is individualized

Session #6, Overhead 25

4. Most of the time we don't need to throw out the entire plan. We may only need to modify or adapt SOME of the strategies we are using, or simply add some more. As a DSP, you should make an effort to participate in these team meetings to share your experiences with others and learn what is working for other people.

Do

Show overhead #26

5. Teaching strategies should be individualized based on the persons learning style, the activity, and location. When you are not sure how a person learns best, try to use ALL learning modalities when you teach.

   For example: **<u>Say</u>** what you want people to learn, **<u>Show</u>** them what you mean, and **<u>Do it with them</u>** so they understand how.

Do

Show overhead #27

6. The plan should include the gradual fading of DSP assistance over time to natural cues and consequences.

7. Reinforcement should be based on the INDIVIDUAL'S likes and preferences. If the behavior isn't improving, it could be that the reinforcement isn't meaningful to the person, or that the goal set for the person to earn the reinforcement is too high.

Your Presentation Notes

> **Teaching is Individualized**
>
> **Say, Show, Do**
>
> **<u>Say what you want</u>** someone to learn
>
> **<u>Show</u> what you mean**
>
> **<u>Do it with them</u>**
>
> Session #5, Overhead 26

> **Keeping Support Plans Successful**
>
> 6. **The Plan should include fading to natural cues and consequences**
> 7. **Reinforcement should be based on individual likes and preferences**
>   **If plans are not working-**
>   • **make sure the reinforcement is meaningful**
>   • **make sure the goal for reinforcement is not too high**
>
> Session #6, Overhead 27

BREAK

Meaningful Reinforcement

Do
Show overhead #28

Say
As we talked about in last year's session on positive behavior support, reinforcement includes any item, event or activity that follows a behavior and makes that behavior more likely to occur again in the future.

A <u>reinforcer</u> is generally something that a person seeks to gain or get more of. These can include certain objects, foods, places, people, and activities.

Do
Show overhead #29

Say
A common **<u>mistake</u>** we make when we develop reinforcement plans is:

We often forget that reinforcers are different for different people!

We often don't individualize the reinforcers based on the person's likes and preferences.

Your Presentation Notes

Reinforcement

Any item, event or activity that follows a behavior and makes that behavior more likely to happen again in the future

Session #5, Overhead 28

Avoiding Common Mistakes

- Individualize reinforcers based on someone's likes and preferences

- Set goals that allow someone to earn the reinforcement in AT LEAST ONE HALF OF ALL OPPORTUNITIES

Session #5, Overhead 29

Reinforcement is <u>NOT</u> THE SAME FOR EVERYONE! Even common reinforcers like praise and cookies are not enjoyable to everyone.

When we teach new skills and replacement behaviors, we want to make sure that we are using reinforcement that is meaningful to the person. This is why it is important to have individualized reinforcement plans.

We often set up "Reinforcement Plans" for the entire group without looking at each persons individual preferences. This often means that the "reinforcers" we are providing aren't really reinforcing for the person. The way we know this is when their behaviors don't improve over time. This is often a big reason why people say "The reinforcement plan isn't working". We need to individualize reinforcers based on what each person enjoys.

Say
A second common MISTAKE we make is:
The criteria, or goal we make for the person to earn the reinforcement is often too difficult for them to actually earn the reinforcement frequently.

Your Presentation Notes

Avoiding Common Mistakes

- Individualize reinforcers based on someone's likes and preferences

- Set goals that allow someone to earn the reinforcement in AT LEAST ONE HALF OF ALL OPPORTUNITIES

Session #5, Overhead 29

Say

We always THINK we provide lots of reinforcement for everyone we support. However, it's easy to let a day go by without reinforcing someone. When that happens, we are losing ground in trying to help an individual learn a new skill or behavior.

For any reinforcement plan to be effective, a person needs to be able to earn and experience reinforcement frequently. If the person isn't successfully earning a reinforcer, we need to make it easier for them to earn it.

We should also attempt to make our reinforcers as age appropriate and natural as possible. For example, it is inappropriate for a staff to say "Good boy!" to a 40 year old man who has just completed his grocery shopping. A more natural reinforcer might be to ask him if he wants to eat something he bought at the store when he gets home.

As we learned in the last session, sometimes our behaviors are reinforced by social attention, or by getting something, like an item or activity that we want. Other times, our behaviors are reinforced by avoiding or escaping from an activity, place, or situation that is uncomfortable or irritating to us. As we talked about earlier, there are also times when behaviors are caused by illness, pain or discomfort.

Your Presentation Notes

Avoiding Common Mistakes

- Individualize reinforcers based on someone's likes and preferences

- Set goals that allow someone to earn the reinforcement in AT LEAST ONE HALF OF ALL OPPORTUNITIES

Session #5, Overhead 29

Your Presentation Notes

When we identify replacement behaviors and skills to teach, like we did in the last session, we want to make sure that the outcome or reinforcement for using these new behaviors will meet the same need as the outcome for the problem behavior. If we don't make sure that the new skill works as well or better, the person may return to using the problem behavior again.

For example:

If our assessment data shows us that the person's problem behavior is happening to **"get attention"**, then we want to make sure that the reinforcement for the replacement skill also allows the person to receive social attention. If the person's problem behavior was being reinforced by escaping or avoiding the weekly bowling activity, then we want to be sure that when we teach him to say/ communicate "I don't want to go bowling today" that he is reinforced by not having to go.

Everyone needs and enjoys having lots of opportunities to receive reinforcement. Although we use reinforcement strategies to strengthen new skills and positive behaviors, it is also important for everyone to be able to have and do things that are enjoyable to them on a daily basis.

Avoiding Common Mistakes

- Individualize reinforcers based on someone's likes and preferences

- Set goals that allow someone to earn the reinforcement in AT LEAST ONE HALF OF ALL OPPORTUNITIES

Session #5, Overhead 29

Without having a rich life with things the person enjoys, their behaviors and attitudes will deteriorate and challenging behaviors may get worse!

Say
Let's answer some questions about OUR own reinforcers.

Do
Refer participants to the page in their *Resource Guide* which has the activity titled **What About Your Reinforcers?**

Say
Please take about 5 minutes to answer the questions about your reinforcers.

After about 5 minutes -

Ask
Participants to share and discuss their answers to each question with the group.

Do
You may want to put answers on flip chart or transparency.

When the group has finished discussing their answers-

Ask
How do your answers compare and relate to the lives of the people you support?

Your Presentation Notes

Activity:
What About Your Reinforcers?

1. List some of the reinforcers that you enjoy (include things, activities, foods, music, people, etc.):

2. List some reinforcers that **you need to have every day**.

3. How would you feel if someone told you that you couldn't have those reinforcers today (from question #2).

4. After you have had a real "bad" day (a day when you have made a big mistake, like saying or doing something that might have been truly inappropriate and which you really regretted later), what do you do? Circle the answer that best fits you.

    a. Do you punish yourself by not doing anything that you enjoy for the rest of the day?

    b. Do you feel bad about it and go out and do something you enjoy to help you feel better (like shopping, going out to dinner, putting your favorite CD on, meeting with a friend)?

    c. Something else? Please share: _____ .

Say

It is important for all of us, especially the people we support, to have daily access to things we enjoy. Unfortunately, many of us have been brought up with the notion that we always have to keep "taking away" things people enjoy when they are "bad", or make mistakes. Yet, when we have a bad day and have made some mistakes, isn't it true that we need some reinforcers in our life to help us get past that situation and feel better about ourselves? Are the people we support any different in what they need when they have a bad day?

When you're working to provide positive behavioral support, it's important to remember that everyone needs reinforcers to get through the day.

Practice Questions

Say

In your *Resource Guide* (refer to the appropriate page), you will find some practice review questions about this session.

Please take a few minutes to read the questions and mark your answers on the practice form.

Wait about 5 minutes

Your Presentation Notes

Say

Let's review your answers.

Do

Make sure that all of the questions are answered correctly and review the information as needed.

Presentation and Review of Optional In-Class Activity

Note: If you have time at the end of this session, here is an optional activity you can use. You could also use this for a homework activity. You can use the teacher's script below for either a wrap-up of this session or as a lead-in to the next session.

Do

Refer participants to the page in their *Resource Guide* for this optional activity titled **Looking at What Happens After the Behavior.**

Say

Here is an activity to learn more about the consequences of behavior. Read the stories and then: (1) underline the possible consequences or pay-off for the behavior; (2) ask yourself *What do you think the person is either "getting" or "avoiding" from his or her behavior?*

Your Presentation Notes

After about 5 minutes

Say

Let's review your answers for this activity.

Do

Show overhead #30

Do

Ask participants to look at the first story about Jessie. (**Note:** You will need an overhead marker). Read through the story and ask participants to share the answers they underlined. Using your marker, <u>underline the answers</u> as they are shared by the participants. (**Note:** The correct answers are underlined on the *Resource Guide* activity worksheet that follows.)

If/when participants give an incorrect answer, have the group discuss why it may or may not be an incorrect answer. Once you have facilitated the group to identify and underline all the possible consequences, ask the following question (from their activity worksheet):

What do you think Jessie is either getting or avoiding through her behavior?

Your Presentation Notes

**Optional Activity:
Story #1**

Jessie, who is visually impaired, was walking to the mailbox and fell over a branch on the path. Staff ran to Jessie and asked if everything was okay. Jessie said yes and returned to the house. The next day Jessie was knocked over by a neighbor's dog and began to cry. Staff again ran out, but this time brought an ice cream bar. Jessie ate the ice cream and said "thank you" to the staff. The next day, Jessie fell in the hallway and immediately began crying even though no visible sign of injury was noticed. Staff asked Jessie if everything was okay and Jessie asked for an ice cream bar and the staff brought one immediately. Since then Jessie has been crying a lot more than in the past.

Session #6, Overhead 30

Optional Activity:
<u>Looking at What Happens After the Behavior</u>

Directions: Read through the story and <u>underline the possible consequences</u> (or what happens after) for the behavior.

Story #1

Jessie, who cannot see very well, was walking to the mailbox and fell over a branch on the path. <u>Staff ran to Jessie and asked if everything was okay</u>. Jessie said "yes" and returned to the house.

The next day Jessie was knocked over by a neighbor's dog and began to cry. <u>Staff again ran out, but this time brought an ice cream bar</u>. Jessie ate the ice cream and said "thank you" to the staff.

The next day, Jessie fell in the hallway and immediately began crying even though no visible sign of injury was noticed. <u>Staff asked Jessie if everything was okay</u> and Jessie asked for an ice cream bar and <u>the staff brought one immediately</u>.

Jessie has been falling down and crying a lot more these past few days than in the past.

What do you think that Jessie is either "getting" or "avoiding" from her behavior?

> **Answer**: Jessie seems to have learned that when she falls down and cries, she can get something tangible, like an ice cream bar. As an alternative to her behavior of falling down and crying, it would be nice to teach her a replacement communication skill like asking for an ice cream bar when she wants one.

Do

Use a flipchart, chalkboard, or a blank overhead to record their answers. When the group has finished giving their answers -

Do

Show overhead #31

Say

Let's compare your answers with these. (**Note:** The correct answers are underlined on the *Resource Guide* activity worksheet that follows.)

Do

When you have completed the discussion of the first story, move on to the second story.

Do

Show overheads #32 and #33

Do

Ask participants to look at the second story about Chris. (**Note:** You will need an overhead marker). Read through the story and ask participants to share the answers they underlined. Using your marker, underline the answers as they are shared by the participants. (**Note:** The correct answers are underlined on the following page.)

If/when participants give an incorrect answer, have the group discuss why it may or may

Your Presentation Notes

Possible Solutions to Story #1

Jessie seems to have learned that when she cries, she can get something tangible, like an ice cream bar. As an alternative to her behavior of crying, it would be nice to teach her a replacement communication skill like asking for an ice cream bar when she wants one instead of crying.

Other Ideas?

Session #6, Overhead 31

Optional Activity: Story #2

Each day staff spend a lot of time trying to get Chris to finish his assigned chores. His chores include making his bed each morning, setting the table for his dinner, folding his laundry and vacuuming his room. If the weather is nice Chris is also responsible for watering the garden and filling the bird feeders. The only chores Chris seems to do without a problem are the outdoor chores. Chris spends over an hour each afternoon watering and filling the bird feeders. He does not do any of his other chores without throwing things and does not seem to care when he doesn't earn any special privileges because he doesn't do them.

Session #6, Overhead 32

Optional Activity: Story #2

Yesterday, a new morning staff told Chris that if his bed was made fast enough there would be time to water the garden in the morning before work. Chris made the bed in two minutes. In the afternoon, Chris folded the laundry without any argument after being told that the flower bed needed special attention as soon as his regular chores are done. But today, when Chris was asked to set the table, he threw the silverware across the kitchen.

Session #6, Overhead 33

Directions: Read through the story and <u>underline the possible consequences</u> (or what happens after) for the behavior.

Story #2

Each day staff spend a lot of time trying to get Chris to finish his assigned chores. His chores include making his bed each morning, setting the table for his dinner, folding his laundry and vacuuming his room. If the weather is nice Chris is also responsible for watering the garden and filling the bird feeders.

The only chores Chris seems to do without a problem are the outdoor chores. Chris spends over an hour each afternoon watering and filling the bird feeders. He does not do any of his other chores without throwing things.

Yesterday, a new morning staff told Chris that i<u>f his bed was made fast enough there would be time to water the garden</u> in the morning before work. Chris made the bed in two minutes. In the afternoon, Chris folded the laundry without any argument after being told <u>that the flower bed needed special attention as soon as his regular chores are done</u>.

Today, when Chris was asked to set the table, he threw the silverware across the kitchen.

What do you think that Chris is either "getting" or "avoiding" from his behavior?

> **Answer:** Chris definitely seems to enjoy his outdoor chores better that his indoor ones. It seems that his behavior of throwing things is serving as a "protest" when he is asked to do indoor chores. His is saying "No", or "I don't want to do this" by throwing things. Teaching him an alternative way to say "No" would be more positive than throwing things. It also may be helpful to arrange a daily schedule with labeled pictures to help him see what he is looking forward to. For example: After you set the dishes, you can water the plants, etc.

not be an incorrect answer.   Once you have facilitated the group to identify and underline all the possible consequences, ask the following question (from their activity worksheet):

What do you think Chris is either getting or avoiding through his behavior?

Do

Use a flipchart, chalkboard, or a blank overhead to record their answers. When the group has finished giving their answers -

Do

Show overhead #34 and #35

Say

Let's compare your answers with these. (**Note:** The correct answers are underlined on the *Resource Guide* activity worksheet that follows.)

Ending the Session

Say

Don't forget to look at the key words for the next session. You can find the definitions for a session at the end of the each *Resource Guide.* All of the words for Year 2 are in the **Key Word Dictionary** in the *Resource Guide,* Session #12. Any questions? See you next time.

Your Presentation Notes

Possible Solutions to Story #2

Chris definitely seems to enjoy his outdoor chores better that his indoor ones. It seems that his behavior of throwing things is serving as a "protest" when he is asked to do indoor chores. His is saying "No", or "I don't want to do this" by throwing things.

Session #6, Overhead 34

Possible Solutions to Story #2

Teaching him an alternative way to say "No" would be more positive than throwing things. It also may be helpful to arrange a daily schedule with labeled pictures to help him see what he is looking forward to. For example: After you set the dishes, you can water the plants, etc.

Other Ideas?

Session #6, Overhead 35

Key Word Dictionary
Positive Behavior Support
Session #6

Charting Progress
We can see if a behavior is improving by taking data on the behavior frequency and length, or by recording the damage or injury caused by the behavior.   When the data shows that the behavior isn't happening as much as it used to, or is causing less damage & injury, we can say that there is progress. If the behavior stays the same (or gets worse), then there hasn't been any progress over time.

Reinforcement
Includes certain types of attention, toys, objects, foods, people places, activities and things that an INDIVIDUAL seeks to get. What is meaningful to one person may not be meaningful to another person. Since we are all different, it is important that we use reinforcement that is meaningful to the individual.

Replacement Behavior
The new skills and behaviors that we want to teach the person as an alternative to the challenging behavior.

Support Plan
Sometimes called a "Behavior Plan", "Behavior Intervention Plan", or "Behavior Program." It is a written document or plan with goals for teaching certain behaviors & skills and is often included in an individuals ISP, IPP and/or IEP. The Support Plan will usually outline the Support Strategies to be used by the DSP to help the individual to meet his/her goals.

Support Strategies
The ways we teach and help a person to learn new skills and behaviors.   They can include <u>how</u> we communicate with and give information to the person, <u>how</u> we try to teach the person new skills, and <u>how</u> we give feedback to the person after they have done something well or made a mistake.

If You Want to Read More About
Positive Behavior Support

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Horner, R.H., & Day, H.M. (1991).
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O'Neill, R., Horner, R., Albin, R., Storey, K., & Sprague, J. (1990).
<u>Functional Analysis of Problem Behavior</u>, Sycamore Press.

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Using pretask requests to increase the probability of compliance for students with severe disabilities. <u>Journal of the Association for Persons with Severe Handicaps</u>, 12, 287-291.

Smith, Paul & Professional Growth Facilitators;
For ideas & concepts for developing self-control plans as an alternative to losing control. (P.F.G. has developed a much more extensive 16 hour course covering proactive approaches to dealing with assaultive behavior called *Professional Assault Response Training* (P.A.R.T.).

If You Want to Read More About
Positive Behavior Support

The Journal of Positive Behavior Interventions; PRO-ED, Inc.
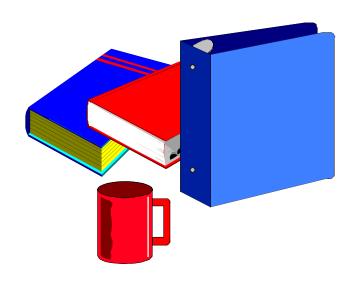(800) 897-3202; Web site: www.proedinc.com

This journal includes articles that deal exclusively with Positive Behavior Support and Teaching Strategies for individuals with challenging behaviors. The articles include practical information that can be used by Direct Support Staff, family members and teachers.

O'Neill, R., Horner, R., Albin, R., Storey, K., & Sprague, J. (1997). Functional assessment and program development for problem behavior: a practical handbook, Pacific Grove, Brooks/Cole Publishing. You can reach Brooks/Cole Publishing at (800)-354-9706.

This handbook is an easy-to-read manual which contains a variety of Functional Assessment tools and formats of Positive Intervention (Support) Plans. It is a "how-to" guide which goes through the process of how to assess behavior and develop a support plan. This is a great tool for anyone who will be developing support plans for individuals with a history of behavior challenges.

Direct Support Professional Training
Year 2

Teacher's Resource Guide

Session #7

Teaching Strategies: Personalizing Skill Development

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	**Teaching Strategies: Personalizing Skill Development**	**3 hours**
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Session: 7
Topic: Teaching Strategies: Personalizing Skill Development

Core
Objectives: Upon completion of this session, the DSP should be able to:

1. Demonstrate the ability to identify the steps required
    to complete a task or activity
2. Demonstrate the ability to do individualized teaching
3. Assess the effectiveness of teaching

Time:		
Introduction and Key Words		10 minutes
Review of Teaching Strategies,		
Practice Identifying Skills to Teach		15 minutes
Discussion, Demonstration and		
Practice Personalizing Teaching		
by Using Different Strategies		50 minutes
BREAK		15 minutes
Discussion and Practice Using Adaptive		
Technology And Environmental		
Adaptations in Teaching		45 minutes
Discussion on Developing and Using		
Generalization Teaching Strategies		10 minutes
Discussion on Assessing the Effectiveness		
of Teaching		10 minutes
Optional Activity and Discussion		15 minutes
Practice Questions		5 minutes
Ending the Session		5 minutes
Total Time		180 minutes

Materials:

- Overhead Projector or LCD Projector with compatible laptop computer and Powerpoint application;
- Hard copy of overheads or disk with Powerpoint presentation;
- Some blank overheads, a flipchart, or chalkboard with markers, chalk, etc.;
- *Resource Guide* for all class participants; and,
- Teaching materials (cap, sunglasses, napkin).

Preparation

Instructor should read over the presentation outline, becoming thoroughly familiar with the information and instructions for the presentation. The information could be presented verbatim or paraphrased, as long as the essential information is conveyed.
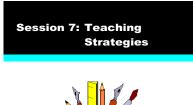
Introduction

Do

Show overhead #1

Say

Welcome to Session #7. We have spent the last two sessions talking about positive behavior support. One of the most important goals of positive behavior support is to help individuals learn new skills as an alternative to challenging behaviors. In this session, we will talk about ways to teach new skills and behaviors, and how to individualize the way we teach.

Your Presentation Notes

Session 7: Teaching Strategies

Personalizing Skill Development

Session #7, Overhead 1

Key Words

Do

Show overhead #2 and #3

Say

Our key words for today's session (refer to page number in resource guide) are:

- most-to-least prompting strategies
- time-delay prompting
- chaining
- shaping
- partial participation
- adaptive technology and environmental adaptations
- generalization
- responsive teaching

Throughout this session, we will talk about the key words, what they mean and how they apply to your job as a DSP!

Say

Before we talk about how to personalize teaching strategies for each individual learner, we should review what we talked about in Year One sessions about teaching strategies. It's important to review these basic ways to teach people with disabilities before we can be successful in personalizing our approach to teaching for each individual.

This session and our next session requires that each student practice a number of

Your Presentation Notes

Key Words

- Most-to-Least Prompting Strategies
- Time-Delay Prompting
- Chaining
- Shaping
- Partial Participation

Session #7, Overhead 2

Key Words

- Adaptive Technology and Environmental Adaptations
- Generalization
- Responsive Teaching

Session #7, Overhead 3

activities and skills. This practice is the key to learning how to use these teaching strategies. Throughout the session, I will be moving around the room to observe and support each of you as needed.

Review of Teaching Strategies

Do
Show overhead #4 and #5

Say
Before we carry out a teaching program, we must first establish a good relationship with the individual. We must develop a relationship so the individual feels comfortable with us and likes to interact with us. We can establish a good relationship by spending time getting to know the individual and doing things with the individual that the individual enjoys.

Once we have a good relationship with the individual, we can then use a task analysis to help teach the individual skills that support the individual in leading an independent and enjoyable life. A task analysis specifies each step in the skill that we want to teach the individual how to perform.

We can help an individual learn a new skill through prompting. In the type of prompting we talked about earlier, we provide the least

Your Presentation Notes

Basic Teaching Strategies

1. Establish a good relationship with the learner
2. Task analyze the skill to be taught
3. Provide help with least-to-most assistive prompting

Session #7, Overhead 4

Basic Teaching Strategies

4. Provide positive reinforcers for skill completion
5. Correct errors with more assistance on future teaching opportunities
6. Teach in natural situations

Session #7, Overhead 5

amount of assistance an individual needs to complete a step in the skill. We provide more assistance if our first attempt did not provide enough help for the individual to successfully complete the step. This type of prompting is called least-to-most prompting.

When an individual completes a step in the skill (or the entire skill we are teaching), we help the individual to continue to do the step correctly by providing a positive consequence or positive reinforcer when the step is completed.

When an individual makes an error in completing a step, we help the individual change what she or he did wrong through error correction. We correct errors by providing more assistance when the individual tries the step again, and we provide enough assistance so that the individual does not make an error on the second attempt at doing the skill.

Let's review how we can use these basic teaching strategies.

Do
Demonstrate with a participant who plays the role of an individual with a disability how to teach the skill of wiping his or her face with a napkin.

Your Presentation Notes

Do

Show overhead #6

Make sure the teaching demonstration follows the steps on the task analysis on the overhead. Use a least-to-most prompting strategy. Provide praise (reinforcement) for completing the skill. If any errors are made, be sure tocorrect them. Review how each of these strategies was applied after the demonstration. Then **show overheads #4 and #5 again**.

Say

Finally, we can make the teaching process fun and meaningful for the individual through naturalistic teaching. In naturalistic teaching, we teach at times and in situations during the individual's regular routine in which the individual wants to perform the skill, and when doing the skill is meaningful for the individual. We will talk more about naturalistic teaching strategies in this and the next class.

Do

Ask the participants to divide into groups of three or four people. Then ask each participant to: (1) think of an individual with a disability with whom the participant works, (2) think of something that would be good to teach the individual to help the person live more independently or enjoyably and,

Your Presentation Notes

Task Analysis: Wiping Mouth

1. Pick up napkin

2. Wipe mouth with napkin

3. Place napkin on lap or table

Session #7, Overhead 6

Basic Teaching Strategies

1. Establish a good relationship with the learner
2. Task analyze the skill to be taught
3. Provide help with least-to-most assistive prompting

Session #7, Overhead 4

Basic Teaching Strategies

4. Provide positive reinforcers for skill completion
5. Correct errors with more assistance on future teaching trials
6. Teach in natural situations

Session #7, Overhead 5

(3) share the skill that is desired to teach with other group members. Remind the participants that they should focus on a skill that involves something for the individual to do — that is, a skill that involves specific behaviors. Then inform the group that after they have shared their ideas with other group members, the group as a whole should select one desired skill that is to be taught in order to share with the entire class. Prompt each group to tell the class what skill they selected to teach. Write the skills on a blank overhead for the group to see. Finally, tell the group that you will return to the selected skills later in class.

Personalizing Teaching by Using Different Strategies

Say

The basic teaching strategies just reviewed work best when they are suited for each individual learner.

Do

Show overhead #7.

Ask

Each participant to think about the situation in which a new VCR has been purchased for the home where they work. Their job is to set it up and get it working. Ask them to list

Your Presentation Notes

Ways to Learn to Use a VCR

A. Read the manual
B. Watch someone else
C. Follow program instructions while using it
D. Attend an inservice
E. Trial and error
F. Ask someone when you have questions

Session #7, Overhead 7

three ways to learn about the new VCR using the ways that are identified by letters on the overhead. The way they would most like to learn the skill should be firston the list, the next most desired way to learn the skill should be second and the next most desired way should be third. Ask one participant to share his or her list. Then ask how many of the other participants had a different list. In all likelihood, the order of the lists will be different between different participants.

Say
As just indicated, all of us — whether we have disabilities or not — like and respond to some ways of teaching more than others. Each of the teaching strategies we talked about earlier can be adapted depending on how an individual responds to each strategy, and how much an individual enjoys different approaches.

the way we provide assistance to an individual through prompting is one example. Instead of using a least-to-most assistive prompt strategy, we can use a most-to-least assistive approach.

Your Presentation Notes

Do
Show overhead #8

Most-to-least assistive prompting procedures usually work best when an individual is highly motivated to learn how to do something that involves a lot of physical movement. This type of prompting is also best used with individuals who respond well to physical guidance by the teacher.

In a most-to-least prompting approach, we prompt in the opposite manner from a least-to-most approach: we initially guide the individual through most or all of the skill. Then we provide less assistance on later attempts by the individual to complete the skill. In this manner we are providing the individual with a lot of help when first learning how to do the skill.

It is important to note that when we are using prompts as a teaching strategy, we should never try to force the individual through the steps in the skill. We use prompts to teach a skill that an individual **wants** to learn.

Do
Demonstrate how to teach the skill of putting on a cap with a participant who plays the role of the individual, using a most-to-least prompting approach. On the first trial,

Your Presentation Notes

Most-to-Least

Most-to-Least Assistive Prompting:
- initially guide the learner through all of the steps
- provide less and less assistance on later attempts

Session #7, Overhead 8

physically guide the individual to put on the cap by guiding his or her hand to pick up the cap by the bill, place the inside back of the cap on the back of the head, push the cap down with the other hand on the back of the head, and straighten the cap with the hand on the bill.

On the next trial, shadow but do not guide the individual through the steps unless the individual needs help on one of the steps. Make sure to follow the steps just described and praise correct completion of the task.

Say
Can you tell how the prompts provided went from most-to-least assistive? Note how we still followed specific steps and praised completion of the activity. We still used the basic teaching strategies we have talked about. We just changed how we provided help through prompts.

Another way we can change a prompt to suit someone's learning style is through time delay prompting.

Do
Show overhead #9

Say
Time delay prompting is best suited for individuals who tend to become dependent on a teacher's help to complete a learning

Your Presentation Notes

Time Delay

● First, provide a prompt when the natural cue to perform the task is presented

● Then, delay the prompt a few seconds after the cue is presented on later trials

Session #7, Overhead 9

task. Have any of you found that the individuals you work with learn part of a task but then stop at a certain point until you provide physical or verbal prompts to complete the task? For example, in teaching an individual who has severe multiple disabilities to eat with a fork, the individual may pick up the fork, move the fork to gather a bite of food but then wait for a physical prompt before bringing the food to his or her mouth.

Time delay can reduce an individual's reliance on teacher help to complete part of a skill. Initially, a prompt such as a verbal direction is provided immediately when the natural cue to perform a task is provided. As we just talked about in teaching how to put on a cap, the natural cue would be the presence of the cap in front of the individual. This could be paired with a verbal prompt to pick up the cap. We would present the cap on the second trial for a time delay procedure. Then we would wait a few seconds before we provided the verbal prompt. That is, we would delay the prompt.

Using time delay prompting in this manner, after a number of teaching sessions with the delayed prompt, some individuals will begin to respond to the natural cue and pick up the cap before we provide the verbal prompt. In this manner, the individual does not become dependent on our help to complete the task.

Your Presentation Notes

Do

Demonstrate a time delay procedure by teaching a participant, who role plays an individual, to put on a pair of sunglasses. First, guide the individual through the process of putting on the sunglasses using a most-to-least prompting approach. Next, present the sun glasses and wait 2 - 3 seconds before providing a verbal cue to put on the sunglasses (prior to the demonstration, instruct the participant to pick up the sunglasses before the verbal prompt on the second teaching session).

Say

Keep in mind that often individuals will require a number of teaching sessions before responding prior to the verbal prompt. It is also important to remember to reinforce the individual's response to the verbal prompt, as was done in the demonstration. The intent is for the individual to respond right away and not wait for the prompt in order to get the reinforcer quickly.

Do

Show overhead #10

Say

To this point, all of our teaching strategies have involved what is called a whole task teaching approach. That is, each time we teach the target skill, we teach all the steps that make up the whole skill — we teach each step in the task analysis.

Your Presentation Notes

Whole Task Teaching

Teaching every step in a skill each time the skill is taught

Session #7, Overhead 10

For some individuals, the whole task approach may be too confusing because the task analysis includes so many steps. There are too many steps for the individual to learn at one time. In such cases, we can make the learning process easier through a teaching strategy called chaining.

Do
Show overhead #11

Say
With chaining, we teach skills to individuals one step at a time, and we teach each step in a set order. By teaching each step one step at a time, we teach the individual a chain of steps or behaviors. When the steps are completed in order, they make up a useful skill. Each step in the skill is one part of the chain. The steps are linked together just as each part of a chain is linked to another part.

In Year 1 training, we talked about task analysis and how people use it in everyday life. Think of the 5th digit in your telephone number right now.

Does everyone have it?

How many of you had to say each number to yourself in order to come up with the 5th digit?

Your Presentation Notes

Chaining

Teaching one step in a skill at a time, and teaching each step in a set order

Session #7, Overhead 11

When we think of the 5th numeral in our telephone number, most of us have to say each number in order until we come to the 5th one. When we first learned our telephone number, we probably learned it through chaining. We learned the first number, then the second, etc., until we learned all seven numbers in order.

Each numeral in our telephone number is part of a chain of numbers, and they are linked together such that one number serves as a signal for the number that comes after it. We can use this same basic way to teach useful skills to individuals.

Do
Show overhead #12

Say
There are two types of chaining. In forward chaining, we teach each step in a skill in a forward manner. We teach how to do the skill by teaching the first step in the skill, then the second step, then the third, etc. We continue to move forward through each step until the complete skill has been taught. Remember though, we only teach one step at a time and only move to the next step in the chain after the individual can do the former step.

Your Presentation Notes

Forward Chaining

Teaching each step in a skill one at a time. Teaching each step in a forward order (first step to last step) in which the skill is usually performed

Session #7, Overhead 12

Do
Show overhead #13

Say

In backward chaining, we start by teaching the last step in the chain, then the next-to-the-last step, etc., until all of the steps are taught.

Do

Ask the participants if they can think of a reason why we might teach the steps of a skill in a backward manner. Prompt discussion around the rationale that by teaching the last step of a skill first, the individual can obtain the reinforcer for finishing the skill quickly (i.e., the individual obtains the reinforcer after doing only one step). In this manner, the individual may then be more motivated to learn and complete the other steps in the skill in order to get to and complete the last step in the chain that results in reinforcement.

Do
Show overhead #14

Say

For example, here's a brief task analysis of calling a friend on the phone. By starting with the last step, the individual is reinforced by getting to talk to a friend. He or she may then be motivated to learn the other steps so

Your Presentation Notes

Backward Chaining

Teaching each step in a skill one at a time and, teaching each step in a backward order (last step to first step) from the way the skill is usually performed

Session #7, Overhead 13

Calling a Friend on the Telephone

1. Find personal address/phone book
2. Find the friend's name and number
3. Place the call by pressing the numbers in correct order
4. When phone is answered, ask to speak to friend

Session #7, Overhead 14

that calling a friend can be something to do independently.

Say

In both forward and backward chaining, we teach with the same procedures we have talked about before such as prompting and reinforcement. However, we only teach one step in the entire skill at a time, and the order in which we teach each step differs depending on whether we are using forward or backward chaining.

Do

Inform participants that because the teaching approaches that have already been practiced in class have involved teaching skills in a forward manner (even though on a whole task basis), only backward chaining will be demonstrated. Then, demonstrate teaching a participant how to wipe his or her face with a napkin using the following backward chaining procedures:

First, guide the person's hand with the napkin to the person's face. Then using a prompting and reinforcing process, teach putting the napkin on the table.

Second, guide the hand to the person's face and use the same process to teach wiping the face and then putting the napkin down; reinforce only after putting the napkin down.

Your Presentation Notes

<u>Third</u>, teach picking up the napkin, then wiping, then putting the napkin down all in order. Reinforcing only after putting the napkin down.

Say

Note how we started with the last step of the face-wiping skill and moved backward through the steps until we had taught all steps. Note also how we reinforced only after the end step of putting the napkin down.

Do
Show overhead #15

Say

Another way to teach that we have not talked about is shaping. Shaping can be most useful with individuals who do not like to be prompted while learning to do a skill. With shaping, we reinforce an individual's behavior as the behavior becomes more and more like the skill that we want to teach. At first, we reinforce any attempt the individual makes to do the skill. On the next attempt, we reinforce only when the individual does the skill a little bit better. The end result of the shaping is that the reinforcer is provided only when the individual does the skill just right.

To show how shaping can be used to teach, think about an individual who may be shy about trying new things. For example, the

Your Presentation Notes

Shaping

Teaching a skill by reinforcing behaviors that appear closer and closer to the desired skill

Session #7, Overhead 15

individual may be shy about sitting with visitors in the individual's home when the visitors are in a group in the living room. For a number of reasons, we would not want to force the individual to be with the group. Rather, we would want to teach the individual how to become part of a group in a way that is desirable for the individual. Using shaping, we might first smile warmly at the individual as he or she looks in on the group from the hallway. Next, as the individual walks by or closer to the room, we could say something nice to the individual. When the individual enters the room we would again say something nice, and eventually, we would say something nice or praise only when the individual actually was present in the group.

Do

Ask the participants to get back in their groups. Show the blank overhead on which the skills that the participants selected to train were previously written. Ask the groups to take the one skill they selected and as a group, discuss how that skill could be taught to an individual. Instruct the groups to think first about the basic teaching strategies of task analysis, least-to-most assistive prompting, reinforcement and error correction, and then to think how these strategies might be made better for the individual by using one or more of the strategies covered in this class

Your Presentation Notes

(most-to-least prompting, time delay prompting, chaining, shaping). Ask the participants to think how one or more of the new strategies might be used to overcome obstacles that may arise during teaching. Finally, ask various groups to share their teaching ideas with the rest of the class.

Note: Be prepared to assist each group if the presentations do not follow the protocol for the teaching strategies you are using here. It is important that each participant complete the assignment correctly in order to make sure that these teaching strategies are understood.

Say

When thinking about all the teaching procedures we have talked about, a concern that comes up a lot is why should we spend time teaching when we know some of our individuals will always require support to get through their day. That is, people wonder at times why we should teach when it seems clear that an individual will never completely learn to do the whole task. It is of course true that we have not yet learned how to teach all things to all people. However, even when we do not know how to teach a given individual how to completely perform an important skill, it can still be very useful to teach the individual how to do part of the skill by him or herself.

Do

Show overhead #16

Say

Teaching how to do part of a skill allows a person to have increased control over his or her life through what is called partial participation. Even when people do not know how to do everything related to a certain activity, their lives can be more enjoyable and independent if they learn the skills to partially participate in the activity.

Do

Ask participants to think of some things that they participate in on a partial basis that they enjoy doing. If the participants have trouble thinking of examples, prompt ideas by giving an example. For instance, ask if they or anyone they know likes to work on their car engine, even though they do not know everything about building or fixing car engines (i.e., they need support from mechanics or other people to fix certain things on their cars).

Say

Individuals with disabilities, just like everybody else, can enjoy many activities if they learn skills to allow them to participate in activities on a partial basis. Learning skills in whole or in part can provide increased opportunities for individuals to participate in

Your Presentation Notes

Partial Participation

Teaching skills to participate in part but not all of an activity

Session #7, Overhead 16

desired and meaningful community activities along with friends, neighbors and family members.

Participating on a partial basis also makes it possible for more learning to occur through a type of cooperative teaching process. When individuals partially participate in an activity, they can learn more about the activity by watching and interacting with other people who are fully participating. For example, someone who cannot fully participate in playing golf because of physical limitations, might enjoy going to a golf tournament with others who are there to watch a favorite golfer. He or she can learn more about the game and be a more knowledgeable fan.

Your Presentation Notes

Using Adaptive Technology and Environmental Adaptations to Assist With Teaching and Learning

Say

As many of you are aware, in a lot of cases we can increase the success of our teaching activities by using adaptive devices and environmental adaptations. That is, we can help individuals acquire useful skills by making changes in their physical environment.

Do

Show overhead #17

Say

Adaptive devices and environmental adaptations are most often used for one or more of the following three reasons. First, these types of changes in the physical environment are used to make learning a new task easier for an individual. Second, adaptive devices and environmental adaptations are used to help overcome certain steps in a skill that an individual cannot perform due to physical or sensory disabilities. Third, making changes in the physical environment can help make the learning process more fun for the individual. We will talk about each of these general ways to help make the teaching process work for the individual.

Your Presentation Notes

Adaptations

Adaptive devices and environmental adaptations are used in teaching to:

1. make a skill easier to learn
2. overcome physical or sensory disabilities
3. make learning a skill more fun

Session #7, Overhead 17

Do
Show overhead #18

Say
When teaching certain skills to individuals, we sometimes observe that some steps in the task analysis are much harder for individuals to learn to do than are other steps. We can make changes in the physical environment to make those hard steps easier for the individual to learn. When teaching an individual to put on his or her shoes, we may find that the individual can do all the steps except that he or she has a lot of trouble tying the shoe strings. We could make that step much easier by using shoes that have Velcro fasteners instead of shoe strings. On the other hand, we could eliminate this step altogether by using loafers that do not have to be fastened in any way.

Do
Ask participants to share examples of how they have made a task easier for an individual through environmental adaptations. If they have trouble providing examples, present some other examples (e.g., making the on/off switch on a TV easier to recognize by painting it a bright color or marking it with tape; picture cookbooks).

Your Presentation Notes

Physical Environment

Changing the physical environment to make certain steps in a task analysis easier to learn

Session #7, Overhead 18

Say

Sometimes individuals have problems learning a task not because they have difficulty doing a certain step but because they have trouble remembering when to do the step as part of the task analysis. This problem is likely to occur with tasks such as various jobs at a work site. Some jobs involve a large number of steps that must be performed in an exact order to be able to complete the job. In such cases, picture cues can be used to help the individual remember when to do the task step.

Picture cues involve posting a picture of someone doing a certain step in the task analysis. As part of the teaching process, individuals can be taught to periodically look at the picture as a reminder about what to do next in the task analysis. For many individuals, it can be helpful if we use pictures of them completing parts of a task as the picture cues. Remember, we talked about using pictures to communicate earlier.

Do

Show overhead #19

Say

Many of us use adaptive devices to help overcome physical or sensory impairments. For example, how many of you wear glasses to help overcome problems with seeing?

Your Presentation Notes

Changing Physical Environment

- **Using the voice to turn things on**
- **Pressure-activated switches that turn things on**
- **Eating utensils with large handles**
- **Wheel chairs with hand grasps on wheel rollers**

Session #7, Overhead 19

We can also help individuals in the teaching process by making changes in the physical environment to overcome problems in completing certain steps in a task analysis due to physical or sensory problems.

Do

Show overhead #18 again

Review examples of environmental adaptations to help overcome physical or sensory problems on overhead #18 (e.g., Voice Output Communication Aids, pressure-activated touch switches to turn on a CD player, eating utensils with enlarged handles, wheel chairs with hand-grasps on the wheel rollers). Prompt participants to share some of the examples that they have used.

Note: If teacher has samples, bring them into class for demonstration.

Say

The third way we use changes in the physical environment to help with the teaching process is to make learning a skill more fun for the individual. Some of us like to listen to our favorite music while we do a certain task, or we like to do various tasks with certain friends. Doing things while we listen to music or with friends makes the tasks more fun for us. We can use the same general approach while teaching individuals important skills.

Your Presentation Notes

Physical Environment

Changing the physical environment to make certain steps in a task analysis easier to learn

Session #7, Overhead 18

One good way to make a teaching task more fun for an individual is to include a lot of individual choice within the teaching process. Think back to the earlier session in which we talked about the importance of choice on making life more enjoyable for individuals, and how we can provide choices during the individual's daily routine. We can use the same procedures to help make teaching more fun for individuals. For instance, if we wanted to help an individual learn how to zip a jacket, we could first involve the individual in purchasing a jacket that the individual really likes. The individual may then be more motivated to learn how to zip the jacket in order to wear it than if we simply selected a jacket for the individual for teaching purposes.

Do
Show and review how we can provide choices during the teaching process to make the process more fun for the individual.

Do
Show overhead #20

Do
Review the ways that you can make the process more fun (i.e., choice of reinforcers to earn, choice of materials for work or activity, choice of where to have a teaching session, choice of when to take a break

Your Presentation Notes

Choices Make Learning Fun

- Provide choice of reinforcers to earn
- Provide choice of materials for work or activity
- Provide choice of where to do teaching
- Provide choice of when to take a break from teaching

Session #7, Overhead 20

during the teaching). Next, ask the participants to get back into their groups to discuss the skill they selected to teach during the last group activity. However, this time instruct the participants to talk about ways they can make the teaching process enjoyable for the individual. Prompt each group to share their ideas with the entire group.

Say

To review briefly, we make changes in the physical environment to: (1) make learning a task easier, (2) overcome physical and sensory disabilities and, (3) make learning a task more fun. When using adaptive devices and environmental adaptations for any of these reasons, it can be helpful to follow several steps.

Do
Show overhead #21 and #22

Say

First, we look at our task analysis. Second, we review each step in the task analysis and decide if there is a way to change the environment to make the step easier, to eliminate the need for the step or to make the step more fun. Third, we make the changes identified in the second step of the process. Fourth, we try teaching the skill using the steps with the changes that have been

Your Presentation Notes

Personalizing Teaching

Steps for personalizing teaching by changing the physical environment:
1. look at the task analysis
2. review each step to decide if a step can be made easier, eliminated or made more fun

Session #7, Overhead 21

Personalizing Teaching

3. make the changes identified in step 2
4. teach the skill with the changes made
5. repeat steps 1 - 4
6. repeat all steps until the teaching activity is as easy and fun as possible

Session #7, Overhead 22

made. Fifth, we repeat steps one through four. Sixth, we repeat the entire process until we have made the teaching activity as easy and enjoyable as we can for the individual.

Developing and Using Generalization Strategies

Say

Remember in our very first class on teaching strategies we talked about the purpose of teaching.

Do
Show overhead #23

Say

The reason we teach is to support individuals with disabilities in learning to live as independently and enjoyably as possible. In order to fulfill this purpose, we must make sure that when we teach a skill to an individual, the individual can use the skill in whatever situation the skill is needed. That is, the individual must be able to generalize the skill across situations.

Your Presentation Notes

Purpose of Teaching

To support the learner in living as independently and enjoyably as possible

Session #7, Overhead 23

Do
Show overhead #24

Say
Learning to generalize a skill means the individual can use the skill in whatever situation the individual needs the skill. To be most useful the individual should be able to use the skill in different environments in which the individual lives, works or plays.

Learning to generalize skills across situations can be very hard for many individuals with disabilities. Because it can be hard to generalize newly learned skills, we must use certain procedures to teach the individual to generalize important skills – we must teach to generalize.

Teaching to generalize involves teaching the skill in different situations. The more situations in which we teach a skill, the easier it will be for the individual to then generalize and use the skill in new and other situations in which the individual may need the skill.

Do
Ask participants to share some examples they may have encountered in which an individual could do a skill but had trouble using the skills in new situations. For example, an individual who can use the washing machine at home, but not in the apartment where he or she is planning to move. The knobs,

Your Presentation Notes

Learning to Generalize

Being able to use a skill in new and different situations in which the skill is needed

directions, etc. are totally different. Other examples might include using a soft drink machine or ordering a meal.

Do
Show overhead #25

Do
Show and review how situations can be made to differ in order to teach an individual to generalize a skill across situations.

Say
There are two main ways we can use different situations during the teaching process in order to help the individual learn to generalize the skill across new and different situations. The first way is to include different situations (e.g., different teachers, different teaching materials, teaching in different locations) during all of the teaching process. This way is probably the best way to help an individual be able to generalize a newly learned skill. However, this way can also slow down the teaching process because it can make learning the skill more difficult at first. When first learning a skill, it can be confusing at times to learn the skill if it is taught in so many different situations.

Your Presentation Notes

Teaching Generalization

Using different situations to teach a learner to generalize a skill across situations:
- Involve different teachers
- Teach with different materials
- Teach in different locations

Session #7, Overhead 25

A second way to teach an individual to generalize a skill is to include different situations toward the end of the teaching process. That is, we first teach the skill to the individual in one situation (e.g., one or a small number of teachers, one set of teaching materials, teach in one location). Then, after the individual has learned to do the skill in the one teaching situation, we work with the individual in different situations, and teach as needed in those situations.

One good way to make sure we teach a skill in a manner such that the individual can use the skill in different situations is to make sure that we are teaching truly meaningful or functional skills. Meaningful or functional skills are skills that people, whether they have disabilities or not, need in natural communities in which they live, work or play. We will talk a lot about making sure we teach meaningful or functional skills in a later class session.

Assessing the Effectiveness of Teaching

Say
In this session we have discussed a number of different ways to teach. Usually, it is best to begin teaching by using the basic teaching procedures we talked about at the start of

Your Presentation Notes

this session as well as in previous sessions on teaching strategies.

Do
Show overhead #26

Say

Remember the basic teaching strategies? First, we begin with a task analysis and then provide help to the individual to do each step in the task analysis by using a least-to-most assistive prompting approach. We also reinforce the last step correctly completed and correct errors that may have occurred by an individual doing something other than the correct step.

After we have begun the teaching process, we can then change how we are teaching by using any of the procedures we have talked about in this class. We decide whether to change how we are teaching by responding to what the individual is doing. That is, we use responsive teaching.

Do
Show overhead #27

Say

With responsive teaching, we watch how the individual responds to what we are doing, and then make changes in how we teach based on what we see the individual doing.

Your Presentation Notes

Basic Teaching Strategies

- Task analysis
- Least-to-most assistive prompting
- Reinforcement
- Error correction

Session #7, Overhead 26

Responsive Teaching

Basing how we teach on how the learner responds to what we are doing

Session #7, Overhead 27

In this way we can truly personalize our teaching strategies for each individual. There are three key things we look for in order to make our teaching responsive and personalized.

Do
Show overhead #28

Say
The first thing we look for is how much the individual appears to like or dislike our teaching approach. If we see that the individual does not like something we are doing (for example, standing too close, talking too loud, going too fast), we try to change our teaching to make it more enjoyable for the individual. Remember, a major goal of teaching is to help the individual lead an enjoyable life. One small but important step in reaching that goal is to make our teaching process as enjoyable as we can for the individual.

The second thing to look for in deciding whether we should change our teaching process is how well the individual is learning the steps in the skill that we are teaching. In Year 1, we learned that one way to evaluate teaching effectiveness is to keep track over time of how many steps in the task analysis the individual is completing without any prompting or help from the teacher. If our records show that the individual is not

Your Presentation Notes

**Look for
Three Things**

Three things to look for in responsive teaching:
1. Does the learner like or dislike what we're doing?
2. Is the learner making progress in learning the skill?
3. Is the teaching strategy comfortable for the teacher?

Session #7, Overhead 28

completing more steps without teacher help, then we should change how we are teaching in order to bring about more progress.

The third and final thing to look for in deciding whether to change our teaching approach is how comfortable the approach is for the teacher. Some of us like certain teaching strategies more than others. Usually we are better at teaching if we are using strategies that we are comfortable with and like to use. If we find that after using a certain teaching strategy that we are not very comfortable using it, we should try other approaches until we find one that makes us feel more comfortable.

Say
As referred to earlier, a critical part of teaching is to ensure we teach skills that truly support people with disabilities in natural communities in which people live, work and play.   In our next session, we will be talking about successful ways to teach those skills.

Presentation and Review of Optional In-Class Activity

Note: If you have time at the end of this session, here is an optional activity you can use. You could also use this for a homework activity. You can use the teacher's script

Your Presentation Notes

below for either a wrap-up of this session or as a lead-in to the next session.

Say

In our *Resource Guide*, you will find an activity titled *Teaching Situations* (please refer to the appropriate page number). In this activity, think about someone with whom you work and answer the questions on the worksheet.

After about 5 minutes -

Say

You were asked to select an important skill to teach to one of your individuals. You were also asked to note in which situations the skill would be needed by the individual, and likely obstacles that might come up in terms of being able to effectively teach the skill to the individual.

What did you come up with?

Do

Lead a discussion about the barriers to teaching that participants have noted using the material from this lecture.

Say

In this class we have talked about ways to overcome obstacles to teaching. We have also talked about how to make sure the skill we teach can be used by the individual in natural environments in which the individual lives,

Your Presentation Notes

Resource Guide

Optional Activity:
Teaching Situations

First name of individual to whom you would like to teach an important skill:

Skill to teach:

Situations in which the individual lives, works or plays and in which the person can use the skill to be taught:

Likely obstacles to overcome in teaching the individual to use the skill in the situations noted above:

works and plays by *personalizing our teaching strategies for each individual.*

Practice Questions

Say

In your *Resource Guide* (refer to the appropriate page), you will find some practice review questions about this session.

Please take a few minutes to read the questions and mark your answers on the practice form. You can work together with a partner.

Wait about 5 minutes

Say

Let's review your answers. **(Note:** The answers are in bold in your teacher's guide.)

Do

Make sure that all of the questions are answered correctly and review the information as needed.

Your Presentation Notes

Ending the Session

Say

Don't forget to look at the key words for the next session. You can find the definitions for a session at the end of each *Resource Guide.* All of the words for Year 2 are in the **Key Word Dictionary** in the *Resource Guide*, Session #12. Any questions? See you next time.

Your Presentation Notes

Key Word Dictionary
Teaching Strategies: Personalizing Skill Development
Session #7

Adaptive Technology and Environmental Adaptations
Objects and devices that are made or changed specifically to help an individual learn or do an important skill. For example, controls on a TV may be painted with colors to help an individual pick out the off/on button or the channel change button. Adaptive devices (also called environmental adaptations because they change or adapt the regular environment) can be used to make learning a new skill easier, to help an individual overcome a physical or sensory disability, or to make learning a new skill more fun.

Age Appropriate
Learning and doing things that are similar to what people without disabilities of the same age group usually do. When teaching skills to individuals with developmental disabilities, it is usually in the best interest of the individuals to teach skills that are the same skills that other people their age learn and do.

Chaining
Teaching one step in a skill at a time, and teaching each step in a set order.

Generalization
Learning to use a newly learned skill in whatever situation the individual needs or wants to use the skill. Generalization is an important part of teaching in that we want to help an individual *generalize* or apply the skill not only during the teaching situation, but in any situation the individual needs or wants to use the skill.

Most-to-Least Prompting Strategies
Using these strategies, you initially guide the individual through all of the steps and then provide less and less assistance on later attempts.

Partial Participation
Teaching or supporting an individual to participate in an activity even if the individual does not have the skills to do all of the activity, but has some of the skills to *partially* participate in the activity. Having chances to partially participate in an activity can help individuals enjoy their daily lives more and learn more skills.

Responsive Teaching

Teaching skills to an individual in a manner that is best suited to the individual. The exact way of teaching is based on how the individual *responds* to the teaching. Responsive teaching is a way to make sure the teaching is effective for the individual and that the individual likes the way the teaching occurs.

Shaping

Teaching a skill by reinforcing behaviors that appear closer and closer to the desired skill.

Time Delay Prompting

Initially provide a prompt when the natural cue to perform the task is presented and then delay the prompt a few seconds after the cue is presented on later teaching sessions.

If You Want to Read More About
Teaching Strategies: Personalizing Skill Development

Bambara, L. M., & Koger, F. (1998).
Opportunities for Daily Choice Making. Washington, DC: American Association on Mental Retardation.

Belfiore, P. J., & Toro-Zambrana, W. (1994).
Recognizing Choices In Community Settings By People With Significant Disabilities. Washington, DC: American Association on Mental Retardation.

Everson, J. M., & Reid, D. H. (1999).
Person-centered Planning And Outcome Management: Maximizing Organizational Effectiveness In Supporting Quality Lifestyles Among People With Disabilities. Morganton, NC: Habilitative Management Consultants.

Parsons, M. B., Harper, V. B., Jensen, J. M., & Reid, D. H. (1997).
Assisting older adults with severe disabilities in expressing leisure preferences: A protocol for determining choice-making skills. Research in Developmental Disabilities, 18, 113-126.

Direct Support Professional Training
Year 2

Teacher's Resource Guide

Session #8
Teaching Strategies:
Ensuring Meaningful Life Skills

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	**Teaching Strategies: Ensuring Meaningful Life Skills**	**3 hours**
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Session: 8

Topic: Teaching Strategies: Ensuring Meaningful Life Skills

Core
Objectives: Upon completion of this session, the DSP should be able to:

1. Demonstrate the ability to identify the steps required
    to complete a task or activity
2. Apply least-to-most assistance and/or prompts
3. Demonstrate the use of positive feedback
4. Demonstrate the ability to follow a plan for
    successful teaching

Time:

Introduction and Key Words	5 minutes
Introductory Activity	10 minutes
Review of Teaching Strategies for	
Personalizing Skill Development	10 minutes
Discussion, Demonstration and Practice	
Using Guidelines for Teaching	
Meaningful Life Skills	55 minutes
BREAK	15 minutes
Discussion, Demonstration and Practice	
Using Guidelines for Teaching	
Meaningful Life Skills (continued)	40 minutes
Discussion and Practice for Developing	
Meaningful Teaching Plans	10 minutes
Discussion on Implementing Meaningful	
Teaching Plans	5 minutes
Discussion on Maintaining	
Meaningful Skills	10 minutes
Optional Activity and Discussion	10 minutes
Practice Questions	5 minutes
Ending the Session	5 minutes
Total Time	180 minutes

Materials:
- Overhead Projector or LCD Projector with compatible laptop computer and Powerpoint application;
- Hard copy of overheads or disk with Powerpoint presentation;
- Some blank overheads, a flipchart or chalkboard with markers, chalk, etc.;
- *Resource Guide* for all class participants; and
- Plastic combs (6).

Preparation

Instructor should read over the presentation outline, becoming thoroughly familiar with the information and instructions for the presentation. The information could be presented verbatim or paraphrased, as long as the essential information is conveyed.

Your Presentation Notes

Introduction

Do

Show overhead #1

Say

Welcome to Session #8. The focus of this session is using teaching strategies to help the people we support develop *meaningful* life skills.

Key Words
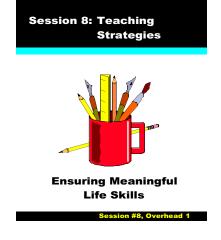
Do
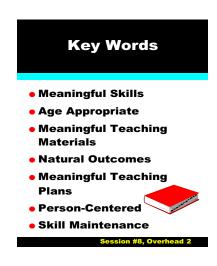
Show overhead #2

Say

Our key words for today's session (refer to page number in resource guide) are:

- meaningful skills
- age appropriate
- meaningful teaching materials
- natural outcomes
- meaningful teaching plans
- person-centered
- skill maintenance

Session 8: Teaching Strategies

Ensuring Meaningful Life Skills

Session #8, Overhead 1

Key Words

● Meaningful Skills
● Age Appropriate
● Meaningful Teaching Materials
● Natural Outcomes
● Meaningful Teaching Plans
● Person-Centered
● Skill Maintenance

Session #8, Overhead 2

Throughout this session, we will talk about the key words, what they mean and how they apply to your job as a DSP!

Review of Teaching Strategies for Personalizing Skill Development

Do
Show overhead #3

Say
Our goal in personalizing teaching strategies is to make teaching as effective and enjoyable for the individual as possible. The goal for effective teaching and enjoyable learning is important for all ages. For the very young to the very old. Teaching age-appropriate skills and teaching skills in natural settings is a way to personalize learning activities for everyone. We will talk about a number of different teaching strategies for personalizing teaching.

Say
We have talked about our basic teaching strategies of task analysis, least-to-most assistive prompting, reinforcement and error correction to suit individuals on an individual basis.

Your Presentation Notes

The Goal

The goal of personalizing teaching is:

- to make teaching as effective and enjoyable for the individual as possible

Session #8, Overhead 3

Do
Show overhead #4

Say

In addition, we can change the basic teaching strategy to suit an individual by using any of the following:

- most-to-least assistive prompting

- forward or backward chaining

- shaping

Do
Show overhead #5

Say

For skills that involve a lot of physical movement and with individuals who respond to physical guidance, we can provide help in learning a new skill through *most-to-least assistive* prompting. In most-to-least assistive prompting, we provide more assistance on an individual's first attempts to do a step in a skill than we provide on later attempts to do the step.

Do
Show overhead #6

Say

For individuals who find it hard to learn a skill when we teach with a *whole task* approach — that is, teaching all steps in a skill

Your Presentation Notes

Ways to Do It

Change the basic teaching strategy by using any of the following:
- most-to-least assistive prompting
- forward or backward chaining
- shaping

Session #8, Overhead 4

Most-to-Least Prompts

Should be used when:
- skills require physical movement
- individual responds to physical guidance
- more assistance is needed for the individual on the first attempt at completing the skill

Session #8, Overhead 5

Chaining

Forward or backward chaining should be used when:
- teaching all steps in a skill each time we teach
- forward chaining teaches one step-at-a-time in the order usually completed
- backward chaining teaches one step-at-a-time in the reverse order

Session #8, Overhead 6

each time we teach the skill – we can make learning the skill easier through *chaining.* We can teach each step one at a time in the order in which the steps are usually done to complete the skill through *forward chaining.* We can also teach each step one at a time in the reverse order in which the skill is usually done through *backward chaining.*

Do
Show overhead #7

Say
For individuals who do not respond to, or dislike, being prompted we can teach through *shaping.* Remember that in shaping, we reinforce individual attempts at completing a skill only as each attempt comes closer to the desired skill than the previous attempt.

We also noted that when we cannot teach an individual to completely do a skill, it is still helpful to teach part of the skill so that the individual can *partially participate* in useful and enjoyable activities.

With all of the different teaching strategies, we discussed the importance of teaching the individual to *generalize* newly learned skills across situations in which the individual needs the skills. We can help individuals use skills across situations in which the individuals

Your Presentation Notes

Shaping

Shaping should be used when:
- **individuals do not like being prompted**
- **reinforcement is needed as each step comes closer to the desired skill**

Session #8, Overhead 7

live, work and play by teaching in different situations.

Do
Show overhead #8

Say
Finally, we talked about the importance of *responsive teaching.* Responsive teaching is the basis of how we personalize teaching to suit individual learners: we change how we teach *in response to* how well the individual learns from our teaching and how much the individual likes how we are teaching.

Guidelines for Teaching Meaningful Life Skills

Say
No matter which teaching strategy we use with individual learners, it is important to remember the main goal of teaching.

Do
Show overhead #9

Say
The goal of teaching is to support individuals with disabilities in living as independently and enjoyably as possible. In order to reach this goal, we must make sure that what we teach is truly meaningful or functional for each individual.

Your Presentation Notes

Responsive Teaching

Changing how we teach in response to:

• how well the individual learns from our teaching, and how much he or she likes how we teach

Session #8, Overhead 8

Independence and Enjoyment

The main goal of teaching:

• support learners in having as much independence and enjoyment in their lives as possible

Session #8, Overhead 9

Often, one of the biggest problems in teaching programs in many settings is that individuals spend time being taught or doing things that have no real effect on helping them to live more independently or enjoyably. That is, individuals spend time in many programs doing things that do not help them to function in natural settings in the community in which people live, work and play.

For example, how many of you have seen adults with disabilities spending time putting pegs in pegboards as part of their teaching programs? The individuals put the pegs in pegboards, a support staff then empties the pegs out of the boards, and then the individuals put the pegs back in the boards. How useful is this activity for teaching people with disabilities to function in natural settings where people like you and I spend our time?

Do
Ask participants to arrange in groups of three or four. Then ask the participants to think of activities they have seen people with disabilities being instructed to do that have no apparent meaning for helping people function more independently (that is, people being instructed in "busy" work that has no real benefit for learning purposes). After a few minutes, ask the participants to share some of the nonmeaningful activities that

Your Presentation Notes

they have observed. Write some of the activities on a blank overhead transparency. Inform the participants that you will return to these activities later in class.

Say

Surveys and observations of teaching programs around California and the United States in general have shown a number of common teaching activities in many programs that really do not help people with disabilities function more independently.

Do
Show overhead #10

Say

Besides being taught to put pegs in pegboards, teenagers and adults with disabilities are often observed being instructed to color in children's coloring books, put three-piece puzzles of cartoon characters together, string toy beads on a string, and put plastic circle rings on a ring stack.

Do these activities help the individuals to do useful things in natural communities with their peers without disabilities? Or do these activities simply provide individuals with something do to during teaching programs? In most situations, these activities have no useful impact on the individuals' lives outside of the teaching situation.

Your Presentation Notes

Not Very Meaningful for Adults

- coloring in children's coloring books
- putting three-piece puzzles together
- stringing toy beads on a string
- putting plastic circle rings on a ring stack

Session #8, Overhead 10

To make sure we teach skills that truly support individuals with disabilities in learning skills that will help them live more independently and enjoyably, we can follow several important guidelines in selecting the skills we teach.

Do
Show overhead #11

Say
One of the best guidelines for making sure that what we teach is meaningful for an individual is: *the skill we are teaching a learner would be performed for the learner by someone else if the learner could not do the skill by him or herself.*

For example, if an individual could not brush his or her teeth, would someone else brush the individual's teeth?

Do
Prompt answers from the participants. Ask the participants to explain why someone else would brush the individual's teeth (that is, because teeth brushing is an important component of good personal hygiene).

Your Presentation Notes

Teaching a Meaningful Skill

A meaningful skill is one that:

• would be done for an individual if the individual could not do it for him or herself

Guideline #1

Session #8, Overhead 11

Do
Show overheads #12 and #13

Do
Review each activity listed on the overhead. Ask different participants from the class to tell whether each activity is something that someone such as a DSP would do for the individual if the individual could not do the activity by him or herself. Prompt discussion regarding why a DSP would or would not do the activity for the person. Then ask which activities are most meaningful for the individual.

Say
With this guideline, there are many useful skills that we can identify to teach to individuals. One of the best examples is self-care skills. For example, if an individual does put on deodorant, comb their hair, brush their teeth, etc., the DSP would have to do these things for the individual.

Do
Ask participants if they would rather do the types of self-care skills for themselves or have someone do those things for them. Prompt discussion on how being able to care for oneself allows us — as well as people with disabilities — to have more control over our own lives and to help enjoy daily activities compared to someone else doing those things for or to us.

Your Presentation Notes

Meaningful?

- identify food types by pointing to plastic pieces of food
- put on a jacket
- dress a doll with Velcro clothes
- follow the dots to draw squares, triangles, etc.

Session #8, Overhead 12

Meaningful?

- sort play coins by color
- put toothpaste on a toothbrush
- pay for a meal at a local restaurant

Session #8, Overhead 13

Ask for three or four pairs of volunteer participants to participate in an activity to look at what it is like when people do things for or to you in contrast to teaching you to do them yourself. Give one member of each pair a comb (clean thoroughly between classes). Ask that person to comb the other person's hair. Ask the other participants to watch <u>while</u> the combing occurs and <u>after</u> the combing. After the demonstrations, ask the participants who had their hair combed how they feel. Ask the participants who had his or her hair combed if they then readjusted their hair themselves or wanted to readjust their hair.

Say
When someone combs our hair, many of us prefer to then straighten our hair ourselves after the combing. The point is, most of us like to fix our own hair. We also usually prefer to do other types of self-care activities for ourselves rather than having someone else do the activities for or to us. The same holds true for many individuals with disabilities. This is another reason the guideline is a good one for selecting meaningful teaching activities: most people prefer to have the skills to take care of themselves. **Since you are spending valuable time in teaching, you might as well use the time to teach something that will help an individual be more independent.**

Your Presentation Notes

Do

Show overhead #14

Say

A second guideline for making sure what we teach an individual is really meaningful is: *the more often a skill is needed by someone, the more important it is to teach the person to do the skill for him or herself.*

For example, think about: (1) an individual who does not know how to greet people when the individual sees a person for the first time during the day and, (2) the individual is being taught how to identify the months in which certain holidays occur.

Naming the months of holidays is important. However, this skill is not used nearly as often as greeting people every day. Which skill would be more useful for an individual to know how to do as part of the individual's day-to-day life?

Do

Show overhead #15 and #16

Do

Go down the list of skills paired together on the overhead and ask different participants to tell which skill in each pair would be more meaningful to teach to an individual because the skill would be used more often.

Your Presentation Notes

**Teaching a
Meaningful Skill**

The more often a skill
is needed by someone,
the more important it is
to teach.

Guideline #2

Session #8, Overhead 14

More Meaningful?

- sing a Christmas song
  <u>or</u> shake someone's
  hand
- use an umbrella <u>or</u>
  identify shapes
  (circles, squares, etc.)
- make a telephone call
  <u>or</u> light a candle

Session #8, Overhead 15

More Meaningful?

- say the pledge of
  allegiance <u>or</u>
  carry out the trash
- cash a check <u>or</u>
  make a snowman

Session #8, Overhead 16

Once again, if we are personalizing teaching and making it meaningful for an individual - teaching an adult to use an umbrella would certainly be more meaningful than identifying shapes. However, if you were teaching a toddler - identifying shapes would be more meaningful and safer than using an umbrella.

Say

The third guideline concerns the degree to what we teach an individual is *age appropriate.*

Do
Show overhead #17

Say

Many of you are probably familiar with the issue of age appropriateness. From a teaching point of view, skills that we teach to individuals are more likely to be meaningful for them if the skills are the same skills used by people without disabilities who are of the same general age.

For example, think about the situation noted earlier in which an adult with disabilities is being taught to put pegs in a pegboard. Is putting pegs in a pegboard something that we see many adults doing in natural communities or in your neighborhood? Teaching skills to put pegs in a pegboard is not something many adults do very often if at all. Teaching adults with disabilities to put pegs in a pegboard means that we are

Your Presentation Notes

Teaching a Meaningful Skill

Age-appropriate skills are used by people of the same general age group as the individual in natural communities.

Guideline #3

Session #8, Overhead 17

teaching something that is not age appropriate and not very meaningful.

Teaching individuals with disabilities age appropriate skills not only helps individuals to be an active part of normal communities and activities, it also helps individuals to be accepted by others in their communities.

Think about a situation in which an adult with a disability has been taught how to play with a toy truck. If the adult plays with a toy truck in a community park, other people in the park are likely to shy away from the individual – because people are not use to seeing adults play with toy trucks. On the other hand, if the individual has been taught to shoot a basketball or feed birds in the park, other people are not as likely to shy away from the individual. It is common to see adults shoot a basketball or feed birds in a park. These skills are more age appropriate for adults than playing with a toy truck.

The issue of age appropriateness often raises some debate. Although it is more meaningful to teach age appropriate skills, some people may prefer to do some things that are not viewed as age appropriate. Here is a general suggestion though.

Your Presentation Notes

Do
Show overhead #18

Say
The suggestion is that <u>we should try to teach skills that are age appropriate because they are the most meaningful for people</u>. During leisure time, opportunities for a variety of activities should be offered. If people choose to do things that are not age appropriate during their leisure time, then that would be their choice. However, we should offer *both* things that are and are not age appropriate. To do this, we must make sure we have age appropriate materials and activities available from which to choose. We should also make sure we have taught how to do age appropriate activities so that individuals can do those things and then have a true choice to do something age appropriate or age inappropriate.

The suggestion should not be viewed as a mandate, but a guideline for supporting individuals in participating in meaningful activities and learning new skills. Support staff should decide the issue of age appropriateness in light of the wishes of individuals, their support teams and the values and practices of their agencies.

Your Presentation Notes

When to Use?

- *When teaching*, teach age appropriate skills
- *During leisure time*, provide many choices -- include what the individual likes even if not age appropriate

Session #8, Overhead 18

Do

Show overhead #19

Do

Review the list of skills on the overhead. Ask different participants to decide how each skill would be age appropriate to teach to an individual with disabilities. Depending on the age of the individual, prompt discussion about how each skill would or would not be likely to help the individual participate in community activities and be accepted by peers without disabilities.

Say

To make sure what we teach is age appropriate, we must think about both the skills we are teaching and the materials we use during teaching. To be age appropriate, the skills should meet the guidelines we are talking about in this class. For materials used in teaching to be age appropriate, the materials must be the same — or at least very similar to — the materials that an individual's age group peers would normally use when applying their skills during an activity.

Do

Show overhead #20

Do

Review the pairs of materials used in the teaching activities with the participants.

Your Presentation Notes

Age-Appropriate?

- color in a coloring book
- play checkers
- play in a sand box
- play volleyball
- walk a dog on a leash
- play a toy drum

Session #8, Overhead 19

Age-Appropriate Materials?

- count play money <u>or</u> count dimes and nickels
- sort spoons and forks <u>or</u> sort colored pegs
- turn on a toy radio <u>or</u> turn on a TV
- open a car door <u>or</u> open a doll house door

Session #8, Overhead 20

Prompt participant discussion around which materials in each pair would be age appropriate or not for an adult. Try to focus the decision over whether the materials are age appropriate around the question, "Would these materials be used by people of the same age as the individual when doing the activity?"

After reviewing the pairs of materials, ask the participants if they can think of another reason as discussed in an earlier class why the materials used in teaching should be the same as materials normally used to complete an activity in natural communities. Prompt discussion that by using the same materials that the individual would normally use to complete the activity in natural communities, we can help teach the individual to *generalize* the skills to different situations in which the individual would need the skills.

Do
Show overhead #21

Say
A fourth guideline for making sure what we teach to individuals with disabilities is meaningful is: *the skills can be used to support the learner in getting something the learner wants, or get out of something the learner does not want, without using a challenging behavior.*

Your Presentation Notes

**Teaching a
Meaningful Skill**

**Teach skills that support
an individual in getting
something wanted or to
avoid something
unwanted without
having to use a
challenging behavior.**

Guideline #4

Session #8, Overhead 21

In the sessions on Positive Behavior Support, we talked about how challenging behaviors often serve a communication function or purpose. In many cases, challenging behavior occurs because a consumer is telling us she or he wants to do something or does not want to do something. We can help individuals avoid challenging behavior by teaching them ways to communicate what they want and do not want that are similar to the ways all of us express our desires.

Think about the situation in which an individual becomes tired during a teaching session. A DSP is teaching the individual to brush his or her teeth. The individual may slap at the DSP because the individual has learned that by slapping, the DSP will stop the teeth brushing (for example, to avoid being slapped again or to carry out a behavior program). One way to prevent or stop slapping in such a situation would be to teach the individual a better way to say she or he is tired and wants a break. We could teach the individual to say or sign "break" or "stop", and then continue teaching teeth brushing after the break.

Your Presentation Notes

Do
Show overhead #22

Say

The fifth and final guideline for making sure what we teach is meaningful for the individual is the most important, and relates to all the other guidelines. Specifically, we should teach skills that lead to *natural outcomes* for the individual.

Teaching for natural outcomes means that we teach skills to individuals that support them in doing and achieving things that people do in the natural settings in which they live, work and play. These outcomes are the main reason we teach; they support individuals with disabilities in living independently and enjoyably.

As an example, a natural outcome of learning how to dial a telephone is to be able to talk to someone at a time when the individual wants to talk to the person. A natural outcome of learning how to make a pizza is that you eat it after you cook it.

All of our teaching efforts should be directed to supporting individuals in obtaining natural outcomes that result from being able to do the skills that we teach. Of course, as discussed earlier, at first we may have to build other outcomes into our teaching

Your Presentation Notes

Teaching a Meaningful Skill

Teach for natural outcomes

Guideline #5

Session #8, Overhead 22

programs, such as a individual receiving praise from a support staff as the individual learns some steps of a skill. However, the final goal is to support the individual in learning the skill. Then the individual can use the skill to obtain the natural outcome of the skill in communities in which she or he lives, works or plays.

Do

Show and review the guidelines for meaningful teaching activities on overheads #23 and #24.

Do

Then ask the participants to get back into their groups of three or four. Show the overhead on which you wrote examples of nonmeaningful or nonfunctional teaching activities that the participants shared earlier in class. Ask the participants to discuss in their groups how each of the activities on the overhead could be changed to become more meaningful for individuals with disabilities. Then ask each group to share their ideas with the entire group. Prompt discussion around how the activities can be changed to become more meaningful for individuals by using the guidelines discussed in class.

Your Presentation Notes

Some Guidelines

Some Guidelines for Teaching Meaningful Life Skills
 1. individual could not do the skills for him/herself
 2. teach skills that can be used often
 3. teach age-appropriate skills

Session #8, Overhead 23

Some Guidelines, continued

 4. teach skills that support an individual in getting something wanted or avoid something unwanted without challenging behavior
 5. teach skills that lead to natural outcomes

Session #8, Overhead 24

Developing Meaningful Teaching Plans

Say

For many of us, what and how we teach comes from an individual's teaching plan. This is a written plan developed by an individual and his or her support team that describes how we should teach. Good plans include goals and the steps needed to reach those goals. These steps show what to teach and can tell the DSP about the progress that someone is making in learning. The teaching plan also ensures that all DSPs working with an individual are teaching the same steps identified for learning the new skill.

Say

In the *Activities and Worksheets* section of your *Resource Guide* (please refer to the page) is an example from session #3. It's a teaching plan for Vernon who wants to learn how to shave himself. It tells the steps it takes to complete shaving and it gives the DSP a way to record progress in teaching those steps.

Say

How teaching plans for individuals are developed is a very important part of making sure we teach skills that are truly meaningful for individuals.

Your Presentation Notes

To make sure teaching plans are developed such that the plans support individuals in learning meaningful skills, there are several key steps that are helpful for developing plans.

Do
Show overhead #25

Say

The first step in developing a meaningful teaching plan is to make sure that everyone who will be carrying out the plan to teach an individual is involved in developing the plan. Most of us carry out duties and enjoy the duties more if we have some say in what we will be doing. The same holds true for carrying out teaching plans.

A very good way to make sure the goals of teaching plans lead to individual outcomes that support the individual in living as independently and enjoyably as possible is to make sure teaching plans are *person-centered.*

As discussed in other classes, a key part of being person-centered means teaching plans are developed by the individual and the people who know the individual best. From a teaching point of view, the DSPs who carry out the teaching plans often know a great deal about the individual's likes and dislikes.

Meaningful Teaching Plans

- Make plans *person-centered*
- The individual and people who know the individual best should help develop them
- Develop plans to lead to natural outcomes for individuals

Session #8, Overhead 25

Teaching Plan and Individual Progress Record

Name: <u>Vernon Mayberry</u>   Goal: <u>Vernon wants to do more for himself</u>

Objective: <u>Learn to shave himself by June 30th</u>

"+" = independent   "**O**" = Needs a prompt

Task Analysis:

	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	5/10
1. <u>Gets shaver</u>	0	0	0	0	0	0	0	0	0	0
2. <u>Plugs in shaver</u>	0	0	0	0	0	+	+	+	+	+
3. <u>Turns on shaver</u>	+	+	+	+	+	+	+	+	+	+
4. <u>Shaves faces</u>	+	0	0	0	+	+	+	+	+	+
5. <u>Feels for unshaven beard</u>	0	0	0	0	0	0	0	0	0	0
6. <u>Turns off shaver</u>	0	0	0	0	+	+	+	+	+	+
7. <u>Puts shaver away</u>	0	0	0	+	+	+	+	+	+	+
8. _____										
9. _____										
10. _____										
11. _____										
12. _____										
13. _____										
14. _____										

Do

Show overhead #25 again

The second step is to make sure the teaching plans are developed to support individuals in achieving natural outcomes. As indicated earlier, the goal of all teaching programs should be to support individuals in achieving outcomes that individuals want and can use in natural communities. It is these outcomes that support individuals in living as independently and enjoyably as possible.

Do

Show overhead #26

Say

The third step in developing meaningful teaching plans involves how the teaching will occur as part of the plan. *How* teaching will occur relates to the teaching materials and strategies that will be used during teaching. We have talked about making sure teaching materials are meaningful by using materials that are the same or very similar to the materials that are normally used in natural activities of living, working and playing.

Do

Show overhead #27

Say

We have also talked about many types of teaching strategies in this and earlier classes.

Your Presentation Notes

Meaningful Teaching Plans

- Make plans *person-centered*
- The individual and people who know the individual best should help develop them
- Develop plans to lead to natural outcomes for individuals

Session #8, Overhead 25

Meaningful Teaching Plans

- Use meaningful materials and responsive teaching strategies
- Tell when and how often teaching should occur

Session #8, Overhead 26

Effective Strategies

Use a teaching strategy that:
- is effective in helping the individual learn the skill
- the individual likes
- the teacher is comfortable using

Session #8, Overhead 27

Remember that we try to choose a teaching strategy that: (1) is effective in terms of truly supporting the individual in learning the skill, (2) is liked by the individual and, (3) the teacher is comfortable using.

Do
Show overhead #26 again

Say
The final step to help develop meaningful teaching plans is to make sure the plans tell when and how often the teaching plans should be carried out. Generally, the more we teach, the more likely it is that individuals will learn meaningful skills.

Do
Ask the participants to get in their groups again. Then ask the participants to think of all the situations they might use to teach some of the meaningful skills to individuals that they have previously identified. Remind the participants that teaching can take place in formal teaching sessions *as well as* any time during the day in which an individual could use the skill. Ask participants from different groups to share their ideas with the class.

Your Presentation Notes

Meaningful Teaching Plans

- Use meaningful materials and responsive teaching strategies
- Tell when and how often teaching should occur

Session #8, Overhead 26
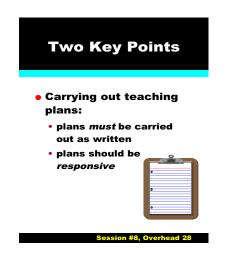
Implementing Meaningful Teaching Plans

Do
Show overhead #28

Say
Of course, a teaching plan is useful for a individual only to the degree that the plan is carried out. There are two main points to look for in carrying out a teaching plan.

The first point is to make sure the plan *is carried out as written.* If teaching plans are not carried out as written, then we cannot evaluate if the plan is working to help the individual learn meaningful skills. Carrying out a teaching plan as written is also important to make sure everyone carries out the plan in the same way. For example, if people on different work shifts in a home change the task analysis a little by teaching different steps or teaching steps in a different order, then the teaching will be confusing for the individual. In short, if different people teach in different ways, then it will be harder for the individual to learn meaningful skills that the plan is suppose to teach.

The second main point in carrying out a teaching plan is that teaching should be *responsive.* That is, a teaching plan should be carried out or changed in response to what

Your Presentation Notes

Two Key Points

- Carrying out teaching plans:
  - plans *must* be carried out as written
  - plans should be *responsive*

Session #8, Overhead 28

the individual does as we described in the previous session. If a individual does not make progress in learning a meaningful skill after about three teaching sessions, or does not like how teaching is occurring, then the teaching plan should be changed by the individual and his or her support team.

Supporting Learners in Maintaining Meaningful Skills

Say

In many teaching plans, what an individual should do to show she or he has learned the skill being taught is written into the plan. This is often referred to as the mastery level for showing that a individual has learned a skill. For example, Vernon completes shaving on his own four out of five times. Teaching programs should be continued until the teacher has taught the individual to the level noted in the plan. However, even when an individual shows she or he has learned the skill being taught, the teacher's job is not over. That is, the teacher should then support the individual in *maintaining* the skill.

Your Presentation Notes

Do
Show overhead #29

Say
Maintaining a newly learned skill means that an individual can continue to use the skill over time. In one sense, maintaining a meaningful skill is like remembering how to do something over time.

Once an individual has learned a meaningful skill as a result of a teaching plan, it should not be assumed that the individual will maintain or remember how to use the skill. Rather, the person should be *taught* to maintain the skill.

Do
Show overhead #30

Say
There are two good ways to support an individual in maintaining a newly learned skill. The first way is to provide opportunities to practice the skill. Support staff can help an individual practice a newly learned skill by conducting a teaching session with the individual every now and then even when the individual has already learned how to do the skill. During these times, it is very important that the staff always reinforce the individual's practice of the skill in order to help the individual stay motivated to practice and use the skill.

Your Presentation Notes

Maintaining
a Skill Is

Being able to use
the skill over time

Session #8, Overhead 29

Maintaining Skills

● **Can be helped by . . .**
  • **teaching the skill every**
    now and then even after
    the individual has
    learned the skill
  • **providing opportunities**
    to practice the skill in
    natural settings in which
    the skill is needed

Session #8, Overhead 30

A second way to support an individual in maintaining a newly learned skill is to make sure the individual has opportunities to use the skill in natural settings in which the person lives, works or plays. Remember earlier that we talked about teaching skills so that individuals can obtain desired, natural outcomes? Part of our teaching plans should involve supporting individuals in having opportunities to use their newly learned skills in natural settings in which the skills are normally used.   In this manner, the individual can obtain the natural reinforcer from knowing how to do something that is useful for the individual.

Say
In our last two sessions, we have talked a lot about how to use teaching in ways that support life quality. In our next session, we will focus on the different stages of our lives and how we can support people through meaningful activities.

Do
Hand out the optional homework activity for the next class session. Inform the participants that the instructions for completing the assignment are included.

Your Presentation Notes

Note: If you choose not to pass this out at this time, make sure to provide time to read it and complete the activity at the beginning of the next session.

Presentation and Review of Optional In-Class Activity

Note: If you have time at the end of this session, here is an optional activity you can use. You could also use this for a homework activity. You can use the teacher's script below for either a wrap-up of this session or as a lead-in to the next session.

Say
Please turn to the activity titled *Ensuring Meaningful Life Skills* in your *Resource Guide* (refer to the appropriate page number). Think about the individuals with whom you work and answer the questions on the worksheet.

Wait about 5 minutes and -

Say
In this activity, you were asked to write some of the most and least meaningful teaching tasks that you have seen individuals with disabilities be instructed to complete.

What did you come up with?

Your Presentation Notes

Optional Activity:
Ensuring Meaningful Life Skills

Think of individuals whom you have observed in different teaching activities.

What are some of the activities you observed that <u>did not</u> seem to be skills that the individuals could use to live more independently in natural communities in which people without disabilities live, work or play?

What are some of the activities you observed that seemed to be building skills that the individuals could use to live more independently in natural communities in which people without disabilities live, work or play?

Do

Lead a discussion using information from today's presentation to guide your response to participants' answers.

After the discussion -

Say

The important thing to remember from today's presentation is to make sure we support people with disabilities in participating in truly meaningful teaching tasks, and not participating in tasks that have no apparent benefit for the individuals outside of the teaching situation.

Practice Questions

Say

In your *Resource Guide* (refer to the appropriate page), you will find some practice review questions about this session.

Please take a few minutes to read the questions and mark your answers on the practice form.

Wait about 5 minutes

Say

Let's review your answers.

Your Presentation Notes

Do

Make sure that all of the questions are answered correctly and review the information as needed.

Ending the Session

Say

Don't forget to look at the key words for the next session. You can find the definitions for a session at the end of the each *Resource Guide.* All of the words for Year 2 are in the **Key Word Dictionary** in the *Resource Guide,* Session #12. Any questions? See you next time.

Your Presentation Notes

Resource Guide

Key Word Dictionary
Teaching Strategies: Ensuring Meaningful Life Skills
Session #8

Age Appropriate
Learning and doing things that are similar to what people without disabilities of the same age group usually do. When teaching skills to individuals with developmental disabilities, it is usually in the best interest of the individuals to teach skills that are the same skills that other people their age learn and do.

Meaningful Skills
Skills that help individuals live their lives in an independent and enjoyable way. All teaching programs should teach skills that are meaningful to the individual learner.

Meaningful Teaching Materials
Using materials that have importance to the individual (for example, materials known by the learner, things which are reinforcing to the individual).

Meaningful Teaching Plans
Plans which focus on skills that: (1) learner could not do for him or herself; (2) can be used often; (3) teach age-appropriate skills; (4) support a learner in getting something wanted or avoid something unwanted without challenging behavior; and (5) that lead to natural outcomes.

Natural Outcomes
Natural outcomes refers to achieving things in natural settings in which people live, work and play. Natural outcomes are the goal of teaching: to support people with disabilities in doing things in settings in which people naturally live, work and play. For example, drinking coffee is the natural outcome for making it or buying it at a coffee shop. Gaining natural outcomes helps people live independently and enjoyably.

Person-Centered
Supporting people with disabilities in making their own choices for everyday and major lifestyle decisions.

Skill Maintenance
Refers to a person being able to perform a skill long after the person has learned the skill. Teaching programs should be set up to help people do the skills for a long time — to *maintain* the skills over time.

If You Want to Read More About
Teaching Strategies: Ensuring Meaningful Life Skills

Brown, L., Branston, M.B., Hamre-Nietupski, S., Pumpian, I., Certo, N., & Gruenewald, L. (1979).
A strategy for developing chronological-age-appropriate and functional curricular content for severely handicapped adolescents and young adults. Journal of Special Education, 13, 18 90.

Evans, I.M., & Scotti, J.R. (1989).
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Green, C.W., Canipe, V.S., Way, P.J., & Reid, D.H. (1986).
Improving the functional utility and effectiveness of classroom services for students with profound multiple handicaps. Journal of the Association for Persons with Severe Handicaps, 3, 162-170.

Reid, D.H., Green, C.W., McCarn, J.E., Parsons, M.B., & Schepis, M.M. (1986).
Purposeful Training with Severely Handicapped Persons. Morganton, NC: Western Carolina Center.

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Providing a more appropriate education for severely handicapped persons: Increasing and validating functional classroom tasks. Journal of Applied Behavior Analysis, 18, 289-301.
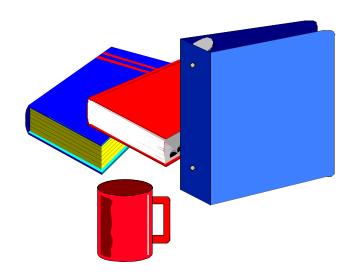
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Westling, D.L. & Fox, L. (1995).
Teaching students with severe disabilities. New York: Merrill Publishing.

Direct Support Professional Training
Year 2

Teacher's
Resource Guide

Session #9
Supporting Quality
Life Transitions

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	**Supporting Quality Life Transitions**	**3 hours**
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
Total Class Sessions		**12**
Total Class Time		**35 hours**

Session:	9
Topic:	Supporting Quality Life Transitions

Core
Objectives: Upon completion of this session, the DSP should be able to:

1. Recognize and support the individual's daily routine; understand life patterns and life stages
2. Support individuals in establishing and maintaining relationships with family and friends
3. Promote community participation
4. Encourage regular physical activities
5. Recognize and support individuals during the grief process

Time:

Introduction and Key Words	5 minutes
Supporting Life Quality Transitions	5 minutes
Activity: Birth of a Child	30 minutes
Grief Process	15 minutes
Life Stages	30 minutes
Break	15 minutes
Life Stages (continued)	25 minutes
Additional Activities to Support Life Quality	20 minutes
Risk	5 minutes
Optional Activity and Discussion	15 minutes
Practice Questions	10 minutes
Ending the Session	5 minutes
Total Time	180 minutes

Materials:
- Overhead Projector or LCD Projector with compatible laptop computer and Powerpoint application;
- Hard copy of overheads or disk with Powerpoint presentation;
- Some blank overheads, a flipchart, or chalkboard with markers, chalk, etc.;
- *Resource Guide* for all class participants; and
- Teaching materials (10 index cards and 1 pipe cleaner per participant)

Preparation

Instructor should read over the presentation outline, becoming thoroughly familiar with the information and instructions for the presentation. The information could be presented verbatim or paraphrased, as long as the essential information is conveyed.

Your Presentation Notes

Introduction

Do
Show overhead #1

Say
Welcome to Session #9. In this session, we will talk about ways of supporting quality of life throughout each stage of an individual's life. We will be discussing the different life stages, and ways for DSPs to support individuals to transition (or move through) from one life stage to another life stage.

Do
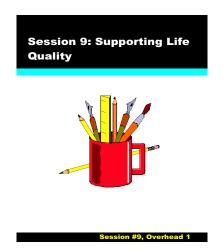**Show overhead #2**

Say
The keywords for today are:

- Activities
- Life Quality
- Life Stages
- Transition
- Attachment or bond

Session 9: Supporting Life Quality

Session #9, Overhead 1

Key Words

- Activities
- Life Quality
- Life Stages
- Transition
- Attachment or Bond
- Developmental Delay
- Special Health Care Needs
- Grief Process

Session #9, Overhead 2

- Developmental delay
- Special health care needs
- Grief Process

Throughout this session, we will talk about the key words, what they mean and how they apply to your job as a DSP!

Supporting Life Quality Transitions

Do
Show overhead #3

Say
We all go through the same life stages: infancy; toddler and preschooler; childhood; adolescence; transition to adulthood; adulthood; and old age. Transition from one life stage to another, for example, from adolescence to adulthood, is typically stressful for all of us, and is no less so for people with developmental disabilities.

"... The essence of a high quality life is being able to adopt a lifestyle that satisfies one's unique wants and needs. In this respect, transition [from one life stage to another] poses a real challenge to all persons because it involves a change in one's lifestyle. The uncertainty caused by these changes and the loss of familiar routines, relationships and control is often stressful (Quality of Life; Perspectives and Issues)."

Your Presentation Notes

Life Stages

- Infancy
- Toddler and Preschool
- School-age
- Adolescence
- Transition to Adulthood
- Adulthood
- Aging

Session #9, Overhead 3

As we discuss the life stages, I want you to think about how a person's routines, relationships, and sense of control over their life change as they move from one life stage to another, for example, from childhood to adolescence, and from adolescence to adulthood. The success of these transitions is dependent upon the kind of emotional support that a person receives during these times, and upon understanding of and careful planning for the individual's unique wants and needs.

Birth of a Child

Ask

Let's start at the beginning. How many of you know someone who has recently had a baby?

Say

I am going to ask you to again break up into pairs. I want you to pretend that you are a couple expecting to have a baby. Decide who is going to be the "Mom" and the "Dad". Please share with each other your hopes and dreams for your baby's future. Spend about five minutes talking to each other about what kind of a life you want for your new baby.

Your Presentation Notes

Do
Show overhead #4

Ask

Each couple to share their hopes and dreams with the group. Write them on the left side of the blank overhead. You should expect to hear things like: "I want my baby to lead a happy, healthy life; to be able to afford a nice home; to play sports; to grow up and have a family of his or her own".

Do

Give each couple a "baby" (a doll or stuffed animal to hold).

Say

Stay with your partner. You are holding your beautiful "baby". It was an unexpectedly difficult birth. The doctor has just left the hospital room and you have been told that your child will be mentally retarded. Talk with your partner about your feelings - and your hopes and dreams for your baby's future. Take turns holding the "baby" as you are talking.

Ask

Each "couple" to share their hopes and dreams for their baby with the group. Cover the left side of the overhead. Write the second set of answers on the right side of the overhead or flipchart. You should expect to hear many of the same things: healthy,

Your Presentation Notes

Hopes and Dreams

Session #9, Overhead 4

happy, etc.; however, other things may change. Read back to the class from the two lists, emphasizing the similarities, while recognizing the differences.

Say

As you can see, many of the hopes and dreams for your baby are the same, e.g., health and happiness. We all want our children to have quality lives, regardless of their abilities or disabilities. But some of our hopes and dreams have changed. Let's talk some more about the changes.

Ask

Why did your hopes and dreams change? How did you feel when you were told that your beautiful "baby" was mentally retarded? (People may say that they felt sad, that they felt grief for the "lost" hopes and dreams.)

Say

Becoming a parent (either as a couple or as a single person) is often a difficult and stressful transition, involving a significant change in the parent's routines and relationships with family and friends. Becoming the parent of a child with a developmental disability presents even more challenges and stress for the parents and family. The parent(s) feel a significant sense of loss of control. What is typically a joyous occasion, the birth of a child, may turn to one of sadness and grief,

Your Presentation Notes

grief for the "loss" of the parent's hopes and dreams for their child. Parents often feel angry and hurt. It may take some time, and the parents may need some help, to work through these feelings.

Parents need support from family and friends, and from DSPs and other professionals who may become involved with the child.

As the child grows, each new developmental "milestone" that is missed becomes a reminder of the child's disability. The parent's feelings of loss and grief may return. Parents continue to grieve, often throughout their child's life.

Say
The grief process is a natural and normal reaction to loss. Through the process of grieving, a person can let go of the dreams they once had and create new dreams. Their former dreams have been lost or changed. Now they must learn to cope and go on with their lives, and form new dreams.

Grief Process

Say
The grief process, which is divided into several states, is what allows a person to separate from the lost dream and move on.

Your Presentation Notes

The word "states" is used, instead of "stages", to indicate that there is not a set pattern or step-by-step process that one must go through in any certain order. The states are: denial, anxiety, fear, guilt, depression, and anger.

Do
Show Overhead #5

Say
Denial is always the first state, but it may reappear again and again. Denial is what allows someone to buy time. It gives them the time they need to adjust to what is unacceptable.

Say
The second state is usually anxiety, but it can also follow other states. Anxiety is what gives a person the energy to make needed changes. It is what allows a person to let go of denial and focus on what is known as the four feeling states of the grief process: fear, guilt, depression, and anger.

Fear is shown by a parent being "overprotective" or by fearing to have another child. Sometimes there is even fear to attach or form a relationship with the child with the disability.

Guilt helps to explain the "why" of the situation. A parent may believe that "good

Your Presentation Notes

Stages of Grief

- Denial
- Anxiety
- Fear
- Guilt
- Depression
- Anger

Adapted from Dr. Ken Moses "The Impact of Childhood Disability: The Parent's Struggle"

Session #9, Overhead 5

things happen to good people" and therefore, the opposite must also be true. Or one may believe they are being punished for previous sins, or that they have done something in the pregnancy, or even regretted the pregnancy, thus causing the child to be disabled.

Depression occurs because one feels hopeless and helpless. A parent may feel inadequate, incompetent, and worthless. Depression can also help parents to see what it takes to be competent, capable, and strong.

Anger occurs because a person feels the need for fairness and justice. There is nothing fair about the disability faced by an innocent child. The changes that result in a parent's life due to having a child with a disability is also a cause for anger. It has disrupted their life, and drained their time, and money.

Because feelings of anger may be so unacceptable to some people, it may cause them to go back into the state of denial. It's also important to point out, that people may be experiencing more than one state of the grief process at the same time.

Different people go through the grieving process in different ways. Couples may not be at the same "state" in the grief process at the same time. A single parent may be at a different "state" than his or her family

Your Presentation Notes

member (grandparent, aunt, uncle) who may try to be supportive. One may still be in denial, while the other is deeply depressed or feeling angry.

DSPs can help parents by making sure that they encourage and support parent's involvement in their child's life, and by being available to talk with parents about their hopes and fears for their child.

Ask

Ask students to describe how people from different cultures may react differently to the birth of a child with a disability. **Note**: Encourage students to share their own experiences and perspectives throughout the discussion of life stages.

Life Stages

Do

Show overhead # 3 (Again)

Repeat stages of life: infancy, toddler, childhood, etc.

Say

So let's move on and watch our "baby" move through these stages of life, and learn what we as DSPs can do to support the child's individual needs over time, and provide for the child's (and adult's) health and safety.

Your Presentation Notes

Life Stages

- Infancy
- Toddler and Preschool
- School-age
- Adolescence
- Transition to Adulthood
- Adulthood
- Aging

Session #9, Overhead 3

Although the way each person moves through the stages of life is unique to that person, these stages can be defined in general terms. Some of these stages are defined by age, for example, infancy, while others are defined by important events, for example, the first day of school, graduation from high school, moving away from home, getting married, having children.

Many of an individual's needs change as that person moves from one life stage to another. However, some needs, most importantly, the need for meaningful, supportive relationships - family and friends - will never change throughout a person's life. Support from family and friends is a need we all share, and is critical to experiencing quality of life. An individual may need extra support in times of transition or change from one life stage to another.

Ask

Think about changes in your life, for example, leaving home, getting married, getting divorced, changing jobs, moving. Who helped you? What did they do that helped?

Do

Write answers on a blank overhead or flip chart. Review and summarize. We can learn a lot about ways to help others through

Your Presentation Notes

changes in their lives, including the individuals who live in the homes that we work in, by thinking about our own lives and what helped (or didn't help).

Say

The following information will help you, the DSP, to better understand and meet individual needs over time. First, I will present general information about each life stage that applies to everyone, with or without a developmental disability, and, next, I will provide information more specific to people with developmental disabilities.

Infancy

Do
Show overhead #6

Say

During the first year of life an infant is expected to learn to hold up his or her head, roll over, reach for objects, crawl, pull to a standing position, stand alone, and, for some infants, walk. Infants begin to play games like pat-a-cake and peek-a-boo, and say their first words - "mama", "dada", "hi", "bye-bye".

During the first year of life a baby also develops an attachment or bond to his or

Your Presentation Notes

First Year Development

- Holding Head
- Standing Alone Reaching for Objects
- Walk with Help or Walk Alone
- Rolling Over
- Hands to Midline
- Peek-a-boo
- Crawling
- "Mama", "Dada"
- Pulling to Stand
- Pat-a-Cake

Session #9, Overhead 6

her parent or caregiver. The most important relationship in a child's life is the attachment to his or her primary caregiver. When a caregiver holds a baby, soothes a baby when it cries, talks and sings to a baby, feeds, plays and cares for a baby, the caregiver is also forming a close bond or relationship with the baby. This relationship is critical to both the emotional and physical health of the baby and affects future development. A healthy relationship with a primary caregiver provides a child with a sense of security and safety. In later infancy, a baby typically shows separation anxiety, or distress when there is a loss of the primary caregiver, even for a short period of time.

Ask

How do you think this attachment may be affected when an infant remains in the hospital in intensive care for a long period of time? (**Answers** include that attachment is difficult with many different caregivers over a 24 hr. period, attachment is also difficult for both the parent and the child if the parents cannot hold, feed or care for the infant.)

If a parent is unable, perhaps because of the child's continuing special health care needs, to care for an infant, and that child moves to a foster family home, what can the new caregiver do to establish a bond or relationship with the infant? (**Answers:**

Your Presentation Notes

Hold the baby, soothe the baby when it cries, talk and sing to the baby, feed, play and care for the baby.)

Do

Ask "couples" to get back together. Ask them to imagine that they have just made the difficult decision that they, for whatever reason, cannot care for their child. Ask each couple to talk about: 1) How they feel about their child going to live elsewhere? 2) How the DSPs in the home could best help them with the transition of their child to a foster home? Give participants about 5 minutes to answer these questions.

Do

Go to flip chart, easel, or blank transparency and record the participants answers to these questions. "Couples" may report many feelings similar to those they had when they first learned that their child was developmentally disabled: depression, sadness, guilt, anger. Couples may also express feelings of inadequacy, of being a "bad" parent, fear of attachment, guilt, fear that others may not provide good care, blame directed at the other parent.

Say

DSPs can help parents by being available to talk to them about their son or daughter, actively participating in planning to meet the

| Your Presentation Notes |

Your Presentation Notes

child's needs, making sure parents feel welcome in their child's new home, establishing a regular and ongoing means of communication with parents about the child's progress and needs, and keeping parents involved and informed in the child's activities.

Say

Each child, with or without a disability, develops at his or her own pace. For example, most infants with a developmental disability develop their muscles and achieve motor milestones, but their development may be delayed. In time, most will be able to hold their heads, roll over, sit, and reach for objects. Some will learn to walk, even if they reach that milestone at a later date than other children of the same age. This is called a developmental delay.

DSPs can receive professional support to help a child with a developmental delay through early intervention programs and services. Early intervention professionals teach DSPs, parents and others involved in the child's life, various ways to stimulate the child's development through play and other learning activities.

The pace of a child's development can be further affected if the child has a special

health care need. Special health care needs may include respiratory and or feeding problems which require specialized health care. For example, an infant's breathing may be recorded by a cardiorespiratory monitor. A child may be need to be fed using an internal feeding tube, such as a gastronomy tube.

If the child has special health care needs, there may be nurses, occupational therapists, nutritionists and other health care professionals in and out of the home. Coordinating numerous medical appointments and ensuring good communication with the child's health care team, including parents and professionals, will be a necessary challenge for the DSP.

[**Note:** DSPs are generally prohibited from providing specialized in-home health care, including internal feeding tube, cardiorespiratory monitor, intravenous therapy, ventilator, urinary catheterization, tracheostomy, colostomy, ileostomy, other medical or surgical procedures, or special medical regimens, including injections, aerosol treatment, and intravenous or oral medications which require specialized in-home health care. However, Community Care Licensing has established specific criteria under which a DSP may provide for specific health care procedures. At a

Your Presentation Notes

minimum, Community Care Licensing requires that each child with special health care needs have a detailed individual health care plan written by the child's physician, and that any DSP who is to provide care to an individual child related to a special health care need be trained and supervised by an appropriate health care professional.]

Do

One of the most important jobs of a caregiver is to make sure that the environment is safe for the infant. Divide the class into four groups. Give each group a copy of one page of **Overheads #s 7 through 10**. Ask them to demonstrate without words (charades) each of the *Precautions When Caring for Infants* on their group's page. The groups can take 5 minutes to plan their skits and then present them to another team. The other group is to guess

Your Presentation Notes

Precautions When Caring for Infants

- Cover electrical outlets with child-proof covers
- Make certain wires and cords are not hanging
- Keep gates in front of steps and stairs
- Keep all medicine, household cleaners, and other toxic substances out of reach of children in a locked container

Session #9, Overhead 8

Precautions When Caring for Infants

- Keep child-proof latches on drawers and cabinets
- Keep plastic bags away from infants and small children
- Keep small objects (safety pins, coins, etc.) away from infants and small children
- NEVER give foods that may obstruct the airway (e.g., popcorn, peanuts, grapes, marshmallows, hot dogs)

Session #9, Overhead 9

Precautions When Caring for Infants

- NEVER leave an infant alone on a bed, changing table, or other high object
- ALWAYS put up crib rails
- Place baby to sleep on back or side, with the lower arm forward
- Place baby on firm mattress
  - Do not use fluffy blankets or comforters.
  - Do not place on waterbed, sheepskin, or pillow.

Session #9, Overhead 7

Precautions When Caring for Infants

- Place hot items in the center of the table
  - Not on a tablecloth, unless the child is supervised
- NEVER leave a child alone in a bathtub, swimming pool, or other bodies of water
- Use sunscreen of SPF 15 or higher when outdoors
- ALWAYS place an infant in a properly installed car seat

Session #9, Overhead 10

the Precaution that is being demonstrated. You can keep score by teams if you wish. After this exercise is completed, review each of the overheads with the entire group.

Do
Show overheads #7-#10
Discuss and review

Toddler and Preschooler

Do
Show overhead #11

Say
Now let's go to the toddler and preschool years. During the first year of life an infant is expected to learn to run, jump, ride a tricycle, enter into fantasy play, say full sentences and carry on a conversation, gain independence by learning toilet skills. The toddler and preschooler is curious and begins to learn the alphabet and how to count.

Say
As a child begins to develop better motor skills (e.g., walking, running, jumping), he or she also is developing curiosity and is learning to explore his or her environment. At the same time he or she is developing more independence and wanting to do more things on his or her own. Language and cognitive

Your Presentation Notes

Toddler and Preschool

- Running
- Jumping
- Fantasy Play
- Riding Tricycle
- Language Development
- Exploring
- Independence
- Curiosity
- Learns to Count
- Toilet Training
- Learns Alphabet

Session #9, Overhead 11

skills improve tremendously over these few years, until the average child is speaking in full sentences, able to carry on a conversation, and learning to count and repeat the alphabet. Some children will even be reading simple words or using the computer before they begin school.

A child with a developmental delay may need additional support in learning to walk, run, jump, or ride a tricycle. A child will need additional support in learning language skills. The DSP should listen and talk to the child throughout the day, find out what the child's sounds and actions mean, play games, read and tell stories and provide play materials for the child. The DSP may need additional support to teach the child toileting skills. Parents and caregivers may experience a growing awareness or lag between the child with developmental delay and the average child.

Again, many of these toddlers and preschoolers will continue to make progress, but at a slower pace.

Ask
What types of safety precautions need to be taken with the toddler and preschooler?

Your Presentation Notes

Do

Go to flip chart, easel, or blank transparency and record answers. Answers should include items listed on **Overheads #12 through #15.**

Show overheads #12-#15 and review items

School Age

Say

Most children begin kindergarten at age 5. It is one of the most memorable events in a young child's life. Let's list some of the achievements the average child experiences during the elementary school years.

Do

Go to flip chart, easel, or blank transparency and record answers of class. (Answers should include learning to read and write, with increased academic skills over time; extra-curricular activities, such as, music,

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Your Presentation Notes

Safety Precautions: Toddlers and Preschoolers

- Keep away from poisonous plants
- Fasten seatbelts in carriages and strollers
- Never leave alone in carriage, stroller, or shopping cart
- Never leave alone in house or parked car

Session #9, Overhead 13

Safety Precautions: Toddlers and Preschoolers

- Up to 40 lbs, ride in car seat
- 40-60 lbs, ride in car booster seat
- Never place child in front seat of car with passenger side airbags

Session #9, Overhead 14

Safety Precautions: Toddlers and Preschoolers

- Keep power and hand tools out of reach
- Cut loops of Venetian blinds
- Keep matches out of reach
- Turn handles of pots and pans towards back of stove

Session #9, Overhead 12

Safety Precautions: Toddlers and Preschoolers

- Discard old refrigerators, freezers, or stoves or have doors removed
- NEVER have firearms (loaded or unloaded) within reach of child

Session #9, Overhead 15

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sports, Scouts or other youth organizations; developing friendships and becoming part of a peer group).

Do
Show overhead #16 and review

Say
Again a great many milestones and achievements occur in the life of the school aged child. Besides physical development, there is an increasing, age appropriate mastery of academics, broadened social circle, and participation in sports and other activities.

Say
Children with a developmental disability may need additional support in making friends, participating in sports and other activities with their peers, making academic progress, and developing self-confidence. Without additional support, they may be unable to participate in same sports as peers or siblings, may have a tendency to hang out with younger children, rather than those in own age group, and may become depressed because they are self-conscious and have low self-esteem.

What do you think the DSP can do to assist the school aged child with special needs?

Your Presentation Notes

Developmental Milestones: School Age

- Develop Problem Solving Skills
- Reading
- Develop Self Confidence
- Writing
- Math
- Learn to Reason

- Develop Sensitivity to Others
- Participate in After School Activities
- Form Friendships and Peer Groups
- Scholastic Achievements

Session #9, Overhead 16

Do

Go to flip chart, easel, or blank transparency and record class answers. (Answers should include knowing and including parents and siblings, if possible; working closely with teachers at the child's school to support the child in achieving goals and objectives of the Individual Educational Plan (IEP); knowing the child's interests; encouraging friendships and doing things with peers; providing a nurturing and supportive home environment; being aware of possible signs of depression.)

Say

Again, we also need to be aware of safety precautions for school age children.
Let's list some of the considerations we need to think about for children of this age.

Do

Go to flip chart, easel, or blank transparency and record answers. Answers should include those listed on **Overhead #17**.

Do
Show overhead #17 and review

Your Presentation Notes

Safety Precautions: School-Age

- Use seat belts in automobiles
- Use appropriate fitting helmets when rollerblading, riding bicycles or scooters
- Educate about dangers of going into the street
- Teach children not to swim alone (always have adult supervision)
- Teach children about appropriate interaction with strangers

Session #9, Overhead 17

Adolescence

Say

Now let's list some of the stages an individual goes through during adolescence.

Do

Go to flip chart, easel, or blank transparency and record answers. (Answers should include puberty, dating, peer pressure, increased academic pressure, driving, graduation from middle school and high school, increasing independence, planning for future, defining values, etc.)

Do

Show overheads #18-19 and review

Say

So a lot happens between the ages of 12 and 17. The adolescent goes through physical, as well as, psychological changes. These years are often described as ones of asserting independence, often with parental conflicts, years of self-consciousness, with a strong influence of one's peer group. Many teenagers are very active physically, and in good physical health. Others go on fad diets, and may even become anorexic. Some teenagers have a very poor diet, eat lots of junk food, don't exercise, and develop obesity.

Your Presentation Notes

Developmental Milestones: Adolescence

- Puberty
- Peer Pressure
- Dating
- Academic Pressure
- Driver's License

Session #9, Overhead 18

Developmental Milestones: Adolescence

- Increasing Independence
- Planning for Future
- Defining values
- Graduation

Session #9, Overhead 19

Ask

The adolescent with a developmental disability may become increasingly self-conscious of his or her disability. He or she may express a strong desire to be like peers, may have an increased tendency towards rebelliousness, anger, or depression. He or she may have difficulty understanding emotional and physical changes related to sexual development. He or she may or may not have friendships; dating may be difficult; transportation to and from activities becomes more of an issue.

It is important for the DSP to work with the individual and his or her planning team in planning for the individual's future. The individual needs support in exploring opportunities and choices for work and home.

What things might the DSP consider when working with adolescents?

Your Presentation Notes

Do

Go to flip hart, easel, or blank transparency and record answers. Answers should include those listed on **Overheads #20 to #23**.

Show overheads and review

Your Presentation Notes

Considerations: Adolescents

- Knows how to swim

- Never swims alone

- Wears sunscreen SPF 15 or higher outdoors

- Wears helmet when riding bike, motorcycle, or ATV

Session #9, Overhead 21

Considerations: Adolescents

- Gets Enough Sleep

- Eats a well-balanced diet

- Obtains information and materials for good grooming

- Obtains accurate information about tobacco, alcohol, and drug

Session #9, Overhead 20

Considerations: Adolescents

- Avoids loud music, especially in headsets

- Has accurate information about sex

- Does homework and participates in regular school activities

- Has open line of communication with adults

Session #9, Overhead 22

When Working with Adolescents

- Be alert for signs of depression

- Identify talents and interests

- Assist with making plans for transition from high school

Session #9, Overhead 23

Transition to Adulthood

Ask

What are some of the experiences that many people go through in the four or five years following high school graduation.

Do

Go to flip chart, easel, or blank transparency and record answers. Answers should include those listed on **Overhead #24**. Show overhead and review.

Say

In the life of most young people, this is the time that they acquire the necessary skills to live independently. Most young adults are either in college or in a job skills program. He or she may lose high school friends as they move away to go to college or take jobs and make new friends. Many young adults leave home, share an apartment with roommates, start paying their own bills, and may buy a car. Some will move to another town or state, and some will even travel to another country. A person of this age may question traditional family and religious beliefs. As their circle of friends and acquaintances grow, they continue to develop their own sense of morality and spirituality. People in this age group are dating, may marry or have children.

Your Presentation Notes

Transition to Adulthood

- **College or job skills program**
- **Move away from home**
- **Pay bills**
- **Buy car**
- **New friends**
- **Develop own moral and spiritual beliefs**

Session #9, Overhead 24

Do

Show overheads #25 and #26

Say

The DSP can provide invaluable support during this time of transition by talking to the person about what they want to do; helping the person to explore his or her interests or abilities by finding out about possible job or learning opportunities in the community; and supporting the individual to communicate his or her wants and needs to the planning team and family members.

We'll take a break before we begin our discussion of the next life stage, adulthood. Please be back in 15 minutes and we'll start again.

BREAK

Adulthood

Say

Most people spend the majority of their lives as adults.   What are typical experiences of most adults?

Do

Go to flip chart, easel, or blank transparency and record answers. Answers should

Your Presentation Notes

Role of DSP in Transition to Adulthood

- **What does the person want to do?**

- **What are his or her interests or abilities?**

- **What job-training or learning opportunities are in the community?**

Session #9, Overhead 25

Role of DSP in Transition to Adulthood

- **What are the family's hopes and desires?**

- **What services and supports are in place?**

- **What is needed for plans to be successful?**

Session #9, Overhead 26

include those listed on **Overhead #27**.

Show overhead #27 and review

Ask
What can the DSP do to support the individual with developmental disabilities to have a quality life that is more similar than dissimilar to that of others of the same age?

Do
Show overhead # 28

Say
The DSP can provide opportunities for choice making; provide correct information regarding options; advocate for the rights of the person with developmental disabilities; treat the individual with dignity and respect; ensure opportunities to participate in their community; and support people in making friends and having close relationships.

Aging

Say
Persons with developmental disabilities may begin the aging process 20 to 30 years earlier than other adults. Let's list common changes that occur in all aging individuals. (Answers

Your Presentation Notes

Adulthood

- Marriage
- Some divorce
- Some remarry
- Career choice
- Start family (Parenting)
- Manage home
- Plan for retirement

Session #9, Overhead 27

Considerations: Adults

- Give choice
- Provide information to make decisions
- Advocate for rights
- Treat with dignity and respect
- Opportunities for community involvement
- Opportunities to make friends and develop relationships

Session #9, Overhead 28

should include changes in vision, hearing, taste, touch, smell, bones and muscles, physical appearance, and memory).

Do

Go to flip chart, easel, or blank transparency and record answers.

Ask

What are some clues that might indicate that an individual's vision is changing?

Do

Go to flip chart, easel, or blank transparency and record answers.

Do

Show overhead #29 and discuss

Say

Here are some ways to help older people whose vision is failing or beginning to fail.

Do

Show overheads #30-31 and discuss

Say

What are some signs that a person may be losing his or her hearing?

Do

Go to flip chart, easel, or blank transparency and record answers.

Your Presentation Notes

Signs of Vision Loss

- Spotted, or mismatched clothing
- Heavy use of non-visual methods
- Intense lighting
- Always sits in direct sunlight
- Accidents or falls
- Decline in cleanliness in living area

Session #9, Overhead 29

Suggestions to Aid Poor Vision

- Bright, contrasting colors
- Avoid highly polished surfaces
- Use bright light
- Limit time of "close work"

Session #9, Overhead 30

Suggestions to Aid Poor Vision

- Provide support in new environment
- Provide support when walking, if needed
- Use adaptive aids
- Provide handrails in stairwells and other areas

Session #9, Overhead 31

Do

Show overhead #32 and discuss

Ask

Can you think of some ways to help older adults with hearing problems?

Do

Show overhead #33-34 and discuss

Say

Other changes that may occur with aging include a decrease in the ability to taste, touch, or smell.

An increased use of spices, especially sugar and salt may be a sign that a person may be losing their sense of taste. Adding salt or sugar to the diet may have a negative effect if the individual has high blood pressure or diabetes.

A slow or no reaction to a change in temperature or pain may be a sign that a person is losing their sense of touch. If a person looses their sense of touch, he or she may be at risk of hypothermia or hyperthermia; heat stroke; burns; or frost bite.

Eating spoiled food or not reacting to bad smells might indicate than an individual is losing their sense of smell. When a person

Your Presentation Notes

Signs of Hearing Loss

- Radio or TV volume is very loud
- Asks to repeat questions or comments
- Watches mouth of speaker closely
- Doesn't understand if back is turned
- Talks loudly

Session #9, Overhead 32

Aids for Poor Hearing

- Increase loudness of voice, but don't shout
- Speak clearly and distinctly
- Speak at distance of 3 to 6 feet
- Face the person and establish eye contact

Session #9, Overhead 33

Aids for Poor Hearing

- Position yourself in good light
- If not understood, rephrase in short, simple sentences
- Limit background noise and distraction
- Use alternative communication

Session #9, Overhead 34

looses their sense of smell, the DSP should carefully watch what a person eats. Be aware if they are exposed to chemicals, such as ammonia, bleach, or gas and remove the individual from any such situations.

What are signs of degeneration or weakening of the muscles and bones?

Do
Show overhead #35 and discuss

Say
Here are some suggestions for persons with degenerating muscles and bones.

Do
Show overhead #36 and discuss

Ask
What are some signs of poor digestion in an older person?

Do
Allow class to answer and then show **overhead #37** and repeat cues listed on overhead.

Your Presentation Notes

Degeneration in Muscles and Bones

- Discomfort
- Lack of mobility
- Decreased activity
- Fear of falling
- Difficulty with steps

Session #9, Overhead 35

Suggestions for Degeneration in Muscles and Bones

- Apply heat to affected joints (check with physician)
- Maintain appropriate weight
- Low stress impact exercise
- Use adaptive aids

Session #9, Overhead 36

Signs of Poor Digestion

- Lack of healthy teeth
- Poor fitting dentures
- Difficulty swallowing
- Indigestion
- Constipation
- Hemorrhoids

Session #9, Overhead 37

What suggestions do you have for assisting an older person with poor digestion?

Do
Show overheads #38-40 and discuss

Say
The DSP must be prepared to discuss any of these signs and symptoms with the individual with the developmental disability, physician, and planning team, and to take appropriate actions. The DSP can also help to find new resources, and help the individual to plan for retirement and older age.

Your Presentation Notes

Aids to Poor Digestion

- Soft, easy to chew foods

- Good dental hygiene

- Small, frequent, attractive meals

- Large meal early in the day

Session #9, Overhead 38

Aids to Poor Digestion

- Increase liquids, fruits, vegetables, and grains

- Increase exercise

- Avoid foods with seeds

Session #9, Overhead 39

Aids to Poor Digestion

- Avoid use of regular enemas or laxatives

- Consider texture

- Always call physician if pain on eating

- Notify physician of rectal bleeding

Session #9, Overhead 40

Say

Many older people find they need less sleep. However, lack of sleep can cause fatigue, irritability, and decreased concentration. Common reasons for not getting enough sleep include waking up more often at night; more difficulty getting to sleep; and waking up earlier.

Do

Show overheads #41-42. Here are some suggestions for helping the older person to get enough sleep. Review and discuss suggestions on overheads.

Say

Any time that changes are recommended for an individual's routine, the individual should be involved in making the decisions.

Your Presentation Notes

Suggestions to Aid Sleep

- Limit naps

- Get up and go to bed at similar times each day

- Increase exercise, but not too close to bedtime

Session #9, Overhead 41

Suggestions to Aid Sleep

- Use white noise to mask distractions

- Make sure room is cool

- Provide light snack before bedtime

- Decrease caffeine and alcohol

Session #9, Overhead 42

Say

Most people continue to learn and obtain new skills throughout their lives. Long-term memory is not affected in many adults, but short-term memory may be difficult or not present at all. Signs of short-term memory loss include:

- Increased forgetfulness, especially of recent events or familiar places;

- Personality changes, such as distrust, increased stubbornness, and restlessness; and/or

- Social withdrawal.

Do

Show overheads #43-44. Review and, discuss suggestions for assisting an older person with short-term memory loss.

Additional Activities to Support Life Quality

Say

We have spent this session talking about the stages of life, and things that apply to each stage of life. We will continue our discussion of the stages of life by talking about some additional things that apply to any age or stage in life.

Your Presentation Notes

Suggestions for Short-Term Memory Loss

- Break tasks down into simple steps

- Allow plenty of time to answer questions

- Eliminate distractions

- Teach how to organize

Session #9, Overhead 43

Suggestions for Short-Term Memory Loss

- Separate complaints from real concerns

- Provide peer support

- Provide stimulating environments and challenges

Session #9, Overhead 44

Helping Individuals With Grief and Loss

Say

Earlier we discussed the grieving process for parents. Individuals with developmental disabilities also experience grief and loss. This can occur when a person moves from their family home to a residential facility, or when a family member or friend dies, when a favored roommate or a DSP leaves the facility, or even when a pet dies. In these situations, the DSP can help by recognizing that the individual is experiencing grief, and by helping the person work through the grieving process. Remember the "states" of grieving: denial of the loss, anxiety, fear, guilt, depression, and anger.

We are going to practice some ways that you, as a DSP, can help a person to talk about their grief and loss. And you will work together to come up with ideas to help deal with the loss.

Say

Look in the *Worksheet and Activities* section of your Resource Guide (refer to appropriate page number) for the activity titled called *Loss and Action.*

This relates to experiencing the pain of loss-getting in touch with and expressing what is

Your Presentation Notes

being felt.

First, talk at your tables about ways you might help a person who has the ability to talk or act out what he or she is feeling.

The worksheet has several examples of situations that have really happened. Talk about ways you, as a DSP, can help the person deal with the loss they are experiencing. Be prepared to talk about the scenarios with the large group.

Wait about 10 minutes . . .

Do
Lead the group in a discussion of each of the scenarios. (You will find some ideas for each scenario on the next page.)

Say
There is always difficulty when it comes to assisting a person who cannot talk with feelings related to grief or sadness. Ways to do that include playing different types of music together, looking at pictures or going for walks.

Your Presentation Notes

Activity: Loss and Action

A. **Diego is a man in his late forties. He lived with his mother until he was 35. She went into a nursing home about five years ago and he visited her there once a month. However, about three months ago she died. He went to the funeral, and saw her in the casket and then saw the casket being buried. He understands she has died. He is still very unhappy, though, and wants to spend hours every day talking about her. People he lives with are getting tired of this, and almost no one wants to discuss it any longer. As a DSP, what could you do to help Diego?**
Suggestions: (1) You could set up a time each day to talk with Diego about his mother if he wants; (2) You could arrange an opportunity for Diego to visit the cemetery and suggest that the visit would be a good time to talk about his mother; (3) You could arrange for a relative to call once in a while and talk about his mother; (4) You could suggest to Diego's team that he might benefit from talking to a counselor; or, (5) You could help Diego put together a photo album that he could look through whenever he wants.

B. **Irene is 70 and has lived in the same group home for several years. Before that, she lived in a developmental center. For the past 25 years, her roommate has been a woman named Alice. Alice is still alive, but her medical care needs have become so difficult that she has to leave the group home. How will you help Irene cope with the loss of this friend?**
Suggestions: (1) You could set up a time each day for Irene to talk with Alice on the phone; (2) You could help arrange an opportunity for Irene to visit Alice; (3) You could help Irene get a framed picture of Alice or of Irene and Alice to put on her dresser or on the wall; or, (4) Encourage and assist Irene to participate with others and possibly make some new friends.

C. **John is 25 and has autism. He doesn't speak much and only seems to like a few people. One of them is Paul, a quiet DSP who has supported John for the past three years. Paul is moving away and will be leaving his job in two weeks. What can you do to prepare John for this loss?**
Suggestions: (1) You could ask Paul to sit down with John and explain to him that he is moving away, but that he would call him once in a while; (2) You could arrange a going away party for Paul; or, (3) You could take a picture of Paul and John doing something together that John likes to do and give a copy to both Paul and John at the going away party.

D. **Sarah is a nine year-old little girl who has been in three small-family homes over the past year, due to her numerous medical and behavioral challenges. She lived with her mother until she was eight. Due to her mother's own medical problems, and the fact that she had other children as well, Sarah's mother felt that she could no longer care for Sarah at home. Sarah had gotten heavier, and thus was less mobile and more difficult to move. She is incontinent of both bowel and bladder, and has frequent accidents. Due to medical complications, Sarah has frequent visits to the physicians office and has been hospitalized twice during the past year. Her behavior has become increasingly more difficult. She has not made any friends at school and does not get along well with the other children in the home. Sarah is constantly acting out by hitting other children, refusing to participate in group activities, or refusing to do homework unless an adult is right with her to supervise. What kinds of things can the DSP do to help Sarah?**

Suggestions: (1) You could talk with Sarah about her family. Get pictures and put them up.; (2) You could ask Sarah what types of activities she enjoys doing, and plan some events around her interests; (3) You could find out what type of reward Sarah would enjoy and use a star chart around positive behavior and doing homework to encourage Sarah; (4) The person-centered planning team can meet to look at possible solutions.

Do

Show overheads #45, #46, #47 Read each of the examples. Emphasize that most of these can be done with people who are verbal or non-verbal.

Do

As you look at each example, ask if anyone has ever had any experience that is similar. Encourage discussion.

Keeping a Life Book

Say

How many of you keep photo albums? Let's talk about the pictures in your photo album. Do you have pictures of your parents and relatives? Your own baby pictures? Pictures of significant events in your childhood? Graduation pictures? Wedding pictures? Pictures of your children? Birthdays? As you can see, it is important to many, if not all of you, to keep pictures or momentos of the many milestones in our lives so that we can remember. These memories are important to our quality of life.

As a DSP, you can help a person by gathering and taking pictures and other momentos to assist each individual to develop a Life Book. Life Books are, very simply, a scrap book that a person might put

Your Presentation Notes

Some Ways to Get in Touch with Grief and Loss

- Put together a tape of music
  - Favorite music of the person who died or moved
  - Music that moves from happiness to sadness - back to happiness
- Make an album of pictures of the loss
  - Try for a variety of settings
  - Include pictures with and without the person

Session #9, Overhead 45

Some Ways to Get in Touch with Grief and Loss

- Make a memory box
  - Put pictures in it
  - Put in things like tickets or jewelry
- Draw a body map
  - It can be lifesize
  - Color in feelings

Session #9, Overhead 46

Some Ways to Get in Touch with Grief and Loss

- Make a feelings box
  - Illustrate the difference between inside and outside
  - Include all types of feelings
- Work with candles as symbols
  - Light a candle for each person
  - Blow out one candle ... the other one goes on

Adapted from Helping Adults with Mental Retardation Grieve a Death Loss by Luchterhand & Murphy

Session #9, Overhead 47

together that can help the person stay connected with family...and also help the person stay in touch with important memories. Life Books are also useful for new DSPs to get to know the individuals living in the home and provide topics for conversation.

Ask

What kinds of things do you think someone might put in a Life Book?

If you worked with children, what do you think a girl of 8 or 10 might want in a Life Book? What might be different for a boy?

How about a teenager? And what about an adult?

Do any of you know someone who just can't seem to talk enough about an important event in their life? A Life Book can give that person the opportunity to relive the memory many times and to share it with others in a meaningful way.

Ask

How do you think having a Life Book might improve a person's life quality? (The discussion will usually be about having a connection to friends and family, keeping important memories.)

Your Presentation Notes

Do

Encourage DSPs to bring their own "Life Books" to the next session to share with other before the class or at the break. If a DSP does not have a Life Book or scrapbook - they can start by clipping pictures from magazines of things they like to do or pictures that remind them of their own memories.

Physical Fitness

Say

Okay, now we're going to change the mood in here a lot. Everyone stand up and stretch. Reach for the sky. Now shake out your hands and arms.

Touch your toes. Now, get ready. We're going to move in place for five minutes. Some of you may feel comfortable running in place. If you don't think you can do this, just keep moving however you feel comfortable moving. Step like you are marching or just bring your knees up and down slowly.

Do

"Ready, go." Keep the group moving for several minutes and then let them sit down. (Some people may not be able to move for more than a minute or two.)

Your Presentation Notes

Your Presentation Notes

Say

Okay, now how do you feel? (Look for answers like "out of breathe", "hot", "great", "like I need a break".)

Say

One of the most important keys to a healthy and happy life is physical fitness. There are many benefits to physical fitness. What can you think of?

Do

Show overhead #48 Read and discuss.

Do

Show overhead #49. Review and discuss ways that physical exercise can be built into daily routines for children, adolescents, adults and the elderly. Encourage people to talk about what they do to stay physically fit.

Say

Joining a gym can be a great experience for people with disabilities, but that isn't the only way to get and stay fit. As we have discussed, there are plenty of things to do at home and in the community that can help a person get physical exercise and stay fit.

Benefits of Fitness

✓ Strengthen muscles
✓ Increased energy
✓ Improve "regularity"
✓ Improve ability of heart to send oxygen to the lungs and brain
✓ Feel happier
✓ Look better
✓ Resist getting sick

Session #9, Overhead 48

Don't Want to Join a Gym?

✓ Follow an exercise video
✓ Garden
✓ Climb the stairs
✓ Put on your favorite music and dance
✓ Sweep
✓ Rake the leaves
✓ Wash the windows
✓ Lift cans or plastic jugs

Session #9, Overhead 49

Risk

Say

Often as we start to increasing opportunities for life quality through activities, someone asks about risk. There is some risk to almost everything we do. Babies fall down. Children get into arguments. Teenagers wreck cars. People are fired from jobs. Sometimes people take the wrong bus.

Risk or danger is often used as a reason to limit opportunities, both at home and in the community, for people with disabilities.

Ask

Are there any rules where you work that may be designed to "keep people safe", but at the same time keep people from trying or learning new things? If so, are there things that could be done to reduce the potential risk and to support individuals to grow and develop? Encourage discussion.

Say

One way might be to break the activity down into smaller steps like we talked about during the sessions on teaching. This would allow people to try new things and reduce the risk and safety.

For example, if a person wants to go to the store alone, but the store is across the street,

Your Presentation Notes

what would be a good, first step? (Learning to cross streets safely, and breaking down street crossing into small, teachable steps.)

Say

What about someone who is interested in taking the bus downtown to a movie, but can't read the numbers to know which is the right bus, what could you do to reduce the risk? (Focus on teaching the person to learn the numbers for the right bus; or how to ask for assistance from the driver.)

Say

The key to reducing risk is to think about it like you would any other goal. Discuss the potential risk with the person, get the help of the individual's planning team, and develop a plan that will ensure maximum protection and safety for the individual. Remember, breaking the activity down into small steps, and planning carefully for each step is the key.

People with disabilities must be allowed to take reasonable risks . . . and to make mistakes ...and try again. The DSP should look at the likelihood there could be a problem, then figure out how best to prepare an individual so that he or she can be more independent in as safe a way as possible. This is called risk prevention. Learning and growing is critical to life quality, and we as

Your Presentation Notes

DSPs need to find ways to support individuals to achieve their potential throughout their life time.

Presentation and Review of Optional In-Class Activity

Note: If you have time at the end of this session, here is an optional activity you can use. You could also use this for a homework activity. You can use the teacher's script below for either a wrap-up of this session or as a lead-in to the next session.

Say

In our *Resource Guide*, you will find an activity titled *Interest Survey* (please refer to the appropriate page number). In this activity, you will choose a partner. Interview each other using the questions on the worksheet. Make sure that you record some notes for use in a large group activity.

Wait about 10 minutes and . . .

Say

Please share some of the answers for your partner.

Your Presentation Notes

Optional Activity: Interest Survey

Directions: After choose a partner, interview each other using the following questions. Make sure that you record some notes for use in a large group activity.

1. What special interests or skills do you have?

2. What are your hobbies?

3. Do you belong to any clubs and, if so, what are they?

4. Have you taken any classes lately? If so, what are they?

5. What have you done in the last week for fun?

Do

Read each of the questions and use flip chart paper or a blank transparency to record the answers.

Say

The idea of this activity was to use your own life experience in thinking about ways to offer opportunities for new activities to the people you support.

Ask

Are there some activities here that you might try?

Say

Remember, the best way to support life quality is to keep listening to and watching for the things that people like to do. Those cues are important ones when you're trying to schedule activities for the people you support.

Say

That ends this session. Let's see how well you can answer some practice questions on this topic.

Your Presentation Notes

Practice Questions

Say

In your *Resource Guide* (refer to the appropriate page), you will find some practice review questions about this session.

Please take a few minutes to read the questions and mark your answers on the practice form.

Wait about 5 minutes

Say

Let's review your answers. **(Note:** The answers are underlined in your teacher's guide.)

Do

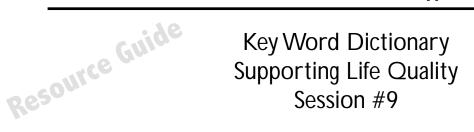Make sure that all of the questions are answered correctly and review the information as needed.

Ending the Session

Say

Don't forget to look at the key words for the next session. You can find the definitions for a session at the end of the each *Resource Guide.* All of the words for Year 2 are in the **Key Word Dictionary** in the *Resource Guide,* Session #12. Any questions? See you next time.

Resource Guide

Key Word Dictionary
Supporting Life Quality
Session #9

Activities
Activities are things people do that are not related to work or chores: things a person does for fun, leisure and recreation.

Attachment or Bond
The process of developing a close relationship to a parent, sibling or caregiver.

Developmental Delay
A delay in one or more areas (for example, speech, motor) that makes it difficult for an individual to progress through 'typical' developmental stages.

Grief Reaction
The process of learning to live with the loss of a pet, relative, friend or caregiver to a permanent departure or death.

Life Stages
A portion of a person's life that is related to age and has certain "milestones" that are common events, such as starting school in early childhood or retiring when one reaches older age.

Life Quality
Characteristics of a person's life that include those things that the person feels are most important, like good friends, health, and a safe place to live.

Special Health Care Needs
May include respiratory and or feeding problems which require specialized support from the caregiver. For example, an infant's breathing may be recorded by a cardiorespiratory monitor, or a child may need to be fed using an internal feeding tube.

Transition
The process of moving from one important life stage to another. Most often referred to when moving from adolescence to adulthood.

If You Want to Read More About
Supporting Life Quality

Luchterhand, C. and Murphy, N. (1998).
<u>Helping Adults with Mental Retardation Grieve a Death Loss</u>. Taylor & Francis Limited; ISBN 1-56032-768-5

Provides information on universal reactions to grief for all people. Also gives insight related to people with mental retardation. Includes many activities that can be used to help DSPs support people through loss.

O'Brien, J. and Connie Lyle (1996).
<u>Members of Each Other: Building Community in Company with People with Developmental Disabilities</u>. Inclusion Press; ISBN 1-895418-24-0

A collection of essays related to inclusion, exclusion, and building community. Also contains discussion about "circles", including potential problems. This is a practical and philosophical approach to these issues.

Schwartz, D. (1992).
<u>Crossing the River: Creating a Conceptual Revolution in Community & Disability</u>. Brookline Books; ISBN 0-914787-54-9

Contains several essays about problems in the community service delivery system and how there is a new emphasis on and understanding of the importance of personal relationships and the value of community participation.

References and Resources for
Supporting Life Quality

INFANT TO ADOLESCENT

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by Caplan, Theresa and Frank; Bantam Books.

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by Caplan, Theresa and Frank; Bantam Books, Doubleday and Dell.

The Early Childhood Years, The 2 to 6 Year Old (1984).
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Back to Sleep, Reducing the Risk of Sudden Infant Death Syndrome: What You Can Do.
by US Public Health Service, American Academy of Pediatrics, SIDS Alliance and Association of SIDS Program Professionals.

Shaken Baby Syndrome (1993)
by Conser, Sally; Journal of Pediatric Healthcare, September-October 1993, pp. 238-239.

Unintentional Injuries in Childhood and When School is Out, The Development of Children Ages 6 to 14
by Eccles, Jacquelynne S.

TRANSITION TO ADULTHOOD

Websites

www.ici.coled.umn.edu.ici
National Transition Network; Institute on Community Integration
University of Minnesota

http://www.dssc.org/nta
National Transition Alliance for Youth with Disabilities

www.sjtcc.ca.gov
State Job Training Coordinating Council

www.cudenver.edutransition
Best Practices in Transition University of Colorado at Denver

www.msstate.edudept/COE/PAACS
College Students with Disabilities and Assistive Technology; Project PAACS (Postsecondary Accommodations for Academic & Career Success) Mississippi State University

www.cds.hawaii.edu
National Center for the Study of Postsecondary Education Supports
University of Hawaii at Manoa

webl.tch.harvard.edu/ici
Institute for Community Inclusion

www.ucpa.org/html.innovative/atsc/index.html
AT Funding & Systems Change Project

www.stw.ed.gov
National School-to-Work Learning & Information Center

www.iod.unh.edu
Institute on Disability/UAP

interwork.sdsu.edu
Interwork Institute - San Diego State University

www.transitionlink.com
The Transition Handbook (companion Website to "The Transition Handbook", Hughes, Carolyn and Carter, Erik. Paul H. Brooks Publishing)

ADULTHOOD

Quality of Life: Perspectives and Issues (1990)
edited by Schalock, Robert L.; AAMR

Aging and Developmental Disabilities (199)
North Dakota Center for Persons with Developmental Disabilities, A University
Affiliated Program.
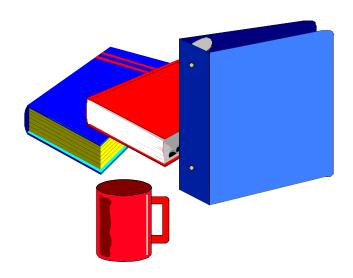
Growing Older with a Developmental Disability: Physical and Cognitive Changes and Their Implications (1997).
by Factor, Alan R. ; University of Illinois at Chicago.

Direct Support Professional Training
Year 2

Teacher's
Resource Guide

Session #10

Wellness:
Medication

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	**Wellness: Medication**	**3 hours**
11	Wellness: Promoting Good Health	3 hours
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Session: 10
Topic: Wellness: Medication

Core
Objectives: Upon completion of this session, the DSP should be able to:

1.   Demonstrate assistance and documentation in the self-administration of medication
2.   Demonstrate awareness of basic pharmaceutical terminology, symbols, abbreviations and measurement equivalencies
3.   Demonstrate knowledge of common medications
4.   Demonstrate knowledge of medication side effects, drug reactions and drug interactions

Time:

Key Words	15 minutes
Basic Pharmacology	15 minutes
Five Rights	15 minutes
Documentation of Medication Errors	20 minutes
Common Medications, Side Effects, and Drug Interactions	15 minutes
Role of DSP	5 minutes
BREAK	15 minutes
Activity Skill Check: Assisting with Self-Administration of Medications	80 minutes
Total Time	180 minutes

Materials:
- Overhead Projector or LCD Projector with compatible laptop computer and Powerpoint application;
- Hard copy of overheads or disk with Powerpoint presentation;
- Some blank overheads, a flipchart, or chalkboard with markers, chalk, etc.;
- *Resource Guide* for all class participants; and
- A variety of bubble packs, medication containers (labeled with fictitious names, prescriptions), jelly beans, water, small paper cups, calibrated spoons and cups for liquid.
  Note: You will need to work with a local pharmacist to obtain these materials.

Cautionary Statement

The material in this module is not intended to be used as advice on matters pertaining to the prescription of medications. Medical advice should be obtained from a licensed physician. This module highlights knowledge of common medications, assistance in self-administration, medication interactions and documentation. We urge you to talk with physicians, pharmacists, nurses, dietitians, and other safety and health care professionals to broaden your understanding of the fundamentals covered in this module.

Preparation

Instructor should read over the presentation outline, becoming thoroughly familiar with the information and instructions for the presentation. The information could be presented verbatim or paraphrased, as long as the essential information is conveyed.

Introduction

Say

Welcome to the first of two sessions on Wellness. In these two sessions we will discuss Medication and Promoting Good Health.

Do
Show overhead #1

Say

This session will cover Medications. We will spend the session on:

- *the Five Rights of medication administration*

- *assisting with self-administration of medication*

- *basic pharmaceutical terms*

- *common medications, which includes both prescribed and over-the-counter medications and their side effects*

Your Presentation Notes

Session 10:
Wellness

Medication

Session #10, Overhead 1

- *food interactions with medications*

- *documentation*

Say

In this session, we will be working on some activities about medication. Successful completion of the skill checks will be required to complete Year 2 of the Direct Support Professional Training.

Key Words

Do
Show overhead #2 and #3

Say

Near the front of Session 10 in the Resource Guide, you will find a list of key words that you will hear during today's session. They are:

- Prescription
- Physician
- Pharmacy/Pharmacist
- Medication
- Self-Administration of Medication
- PRN
- Over the Counter
- Side Effects
- Drug Interactions (including food and alcohol)
- Ophthalmic
- Otic
- Medication Errors
- Documentation

Your Presentation Notes

Key Words

- Prescription
- Physician
- Pharmacy/Pharmacist
- Medication
- Self-Administration of Medication
- PRN
- Over-the-Counter

Session #10, Overhead 2

Key Words

- Side Effects
- Drug Interactions (including food and alcohol)
- Ophthalmic
- Otic
- Medication Errors
- Documentation

Session #10, Overhead 3

Basic Pharmacology

I. Medications

Say

All medications for people living in a licensed community care facility require a written physician's order. This includes both prescription and non-prescription medications. Prescription medications are medications which by law must be ordered by a physician. **Non-prescription medication** includes over-the-counter medications, vitamin supplements and herbal remedies. From now on, we will refer to non-prescription medications as over-the-counter medications.

For every prescription and over-the-counter medication for which the DSP provides assistance, there shall be a signed, dated, written order from a physician on a prescription blank which is maintained in the individual's file and a label on the medication. A physician's written order and a medication label are always provided for prescription medications. In community care licensed facilities, a physicians's written order and medication label are *also required* for over-the-counter medications (such as Tylenol). In a community care facility, prescription and over-the-counter medications are treated in a similar manner.

Your Presentation Notes

II. PRN Medications

Do
Show overhead #4

Say
A medication that is called PRN means the medication is taken-as-needed. PRN medications include prescription and over-the-counter medications. PRN medications must always be ordered by a physician. Community Care Licensing has established specific requirements for staff to assist individuals with self-administration of PRN medications. The requirements are different depending upon the needs of the individual. Individual needs are specified as follows:

1. Individuals who can determine and clearly communicate the need for the PRN medication

2. Individuals who cannot indicate the need for the PRN medication, but can communicate symptoms

3. Individuals who cannot determine the need and cannot communicate the symptoms for the need for the PRN medication

4. Children with PRN medications

Your Presentation Notes

**Levels of Need
(PRN Medication)**

1. Individuals who can determine and clearly indicate the need
2. Individuals who cannot indicate the need, but can communicate symptoms
3. Individuals who cannot determine the need and cannot communicate the symptoms
4. Children

Session #10, Overhead 4

Do

Show overhead #4

Say

For these four different "levels of need," we'll be using the *Resource Guide* for guidelines. You can find these guidelines (refer to the page numbers).

For individuals who can determine and clearly communicate the need for the PRN medication there must be:

1. Signed and dated written order by the physician which is maintained in the individual's record

2. Written physician statement that indicates that the individual can determine and clearly communicate the need for the medication

3. Physician order and medication label that includes

    •   Specific symptoms that indicate the need for the medication

    •   Exact dosage

    •   Minimum hours between dosage

    •   Maximum doses to be given in a 24 hour period

Your Presentation Notes

**Levels of Need
(PRN Medication)**

1. Individuals who can determine and clearly indicate the need
2. Individuals who cannot indicate the need, but can communicate symptoms
3. Individuals who cannot determine the need and cannot communicate the symptoms
4. Children

Session #10, Overhead 4

Do
Show overhead #4

Say
For individuals who cannot indicate the need for the PRN medication, but can communicate symptoms there must be:

1. Signed and dated written order by the physician

2. Written physician statement that the individual cannot indicate the need for the PRN medication but can communicate his or her symptoms clearly

3. Physician order and medication label that includes

    • Specific symptoms that indicate the need for the medication which is maintained in the individual's record

    • Exact dosage

    • Minimum hours between dosage

    • Maximum doses to be given in a 24 hour period

4. A record of each dosage given that includes the date, time and dosage taken and the individual's response

Your Presentation Notes

**Levels of Need
(PRN Medication)**

1. Individuals who can determine and clearly indicate the need
2. Individuals who cannot indicate the need, but can communicate symptoms
3. Individuals who cannot determine the need and cannot communicate the symptoms
4. Children

Session #10, Overhead 4

Do

Show overhead #4

Say

For individuals who cannot determine the need and cannot communicate the symptoms for the need for the PRN medication there must be:

1. A physician order and medication label that includes

   • Specific symptoms that indicate the need for the medication which is maintained in the individual's record

   • Exact dosage

   • Minimum hours between dosage

   • Maximum doses to be given in a 24 hour period

And the DSP must:

2. Contact the individual's physician before giving each dose, describe the individual's symptoms, and receive direction to assist the individual with each dose

3. The DSP must record the date and time of each contact with the physician and the physician's directions and maintain in the individual's record

Your Presentation Notes

**Levels of Need
(PRN Medication)**

1. Individuals who can determine and clearly indicate the need
2. Individuals who cannot indicate the need, but can communicate symptoms
3. Individuals who cannot determine the need and cannot communicate the symptoms
4. Children

Session #10, Overhead 4

4. Record each dosage given that includes the date, time and dosage taken and the individual's response

Do
Show overhead #4

Say

In a Small Family Home for children, the DSP may assist the child with a PRN medication under the following conditions:

1. The physician has provided a signed and dated written order that includes written instructions for its use

2. Written instructions include the name of the child, the name of the PRN medication, instructions regarding when the medication should be stopped, and an indication when the physician should be contacted for reevaluation

3. The physician order and medication label should also include:

    •   Specific symptoms that indicate the need for the medication. This information must be maintained in the individual's record

    •   Exact dosage

    •   Minimum hours between dosage

    •   Maximum doses to be given in a 24 hour period

Your Presentation Notes

Levels of Need (PRN Medication)

1. Individuals who can determine and clearly indicate the need
2. Individuals who cannot indicate the need, but can communicate symptoms
3. Individuals who cannot determine the need and cannot communicate the symptoms
4. Children

Session #10, Overhead 4

4. The DSP must record the date and time of each contact with the physician and the physician's directions and maintain in the child's record

5. Record each dosage given that includes the date, time and dosage taken and the individual's response

III. Basic Pharmacy

Say

Before we do a skill check on assisting with self-administration of medications, we'll take a few minutes to review some pharmaceutical basics.

First, let's look at common symbols and abbreviations used in medicine.

Do

Show overhead #5

Do

Review the list of abbreviations and symbols.

Say

Oral medications are usually administered in mg (milligrams) or gm (grams), whereas liquid medications are prescribed in ml (milliliters), cc (centimeters), or oz (ounces). They may also be given in tsp (teaspoons) or tbsp (tablespoons). Sometimes oral

Your Presentation Notes

Abbreviations and Symbols

q. (Q) = Every		**GM, gm**. = grams (1,000 mg.)	
Oz. = Ounce		**h.s. (HS)** = Hour of sleep (bedtime)	
d. = Day			
tsp. = Teaspoon (or 5 ml.)		**Cap** = Capsule	
h. = Hour		**p.r.n.** = when necessary, or as needed	
Tbsp. = Tablespoon (3 tsp., or 15 ml.)		**Tab** = Tablet	
b.i.d. = Twice a day		**A.M.** = Morning	
gr. = grains		**OTC** = Over-the-counter	
t.i.d. = Three times a day		**P.M.** = Afternoon/evening	
mg. = milligrams		**Rx** = Prescription	
q.i.d. = Four times a day		**Qty** = Quantity	

Session #10, Overhead 5

medications, which are in granules, will also be prescribed in tsp, or tbsp.

An oral medication may be prescribed as:

> Depakene 250mg, 1 tablet 4 times a day (q.i.d.)

A liquid medication may be prescribed as:

> Depakene 250mg/5 cc. Give 5 cc 4 times a day (q.i.d.)

An example of a prescription for a medication supplied in granules is:

> 1 rounded teaspoon twice daily (b.i.d.) Take with at least 8 oz. of cool liquid.

Ask
If an individual is taking Depakene 250 mg, 1 tablet 4 times a day, how many milligrams are being taken per day? **(Answer: 1,000 milligrams)** If the prescription is for Depakene 250 mg, 1 tablet, twice daily, how many milligrams are being taken per day? **(Answer: 500 milligrams)** It is good to know the exact daily dosage.

Your Presentation Notes

Do

Show overheads #6, #7

Say

This is the information the DSP should find and is required on every medication label.

If a label doesn't have all the necessary information, ask the pharmacist (or the physician) to add the needed information. Do not "scratch out" or write over or change a drug label in any way. Labeling may only be carried out by a licensed pharmacist according to Federal and State Guidelines. The label may not be altered by the DSP in any way.

Prescription labels with written instructions by the physician must also be provided for PRN and over-the-counter medication.

Do

Show overheads #8

Ask

Students to identify each item on the medication label:

What is the patient's name?

What is the name of the prescriber?

What date was the prescription filled?

Your Presentation Notes

Medication Labels

- Patient's Name;
- Prescriber's Name;
- Date prescribed (or filled);
- Name of the medication;
- Strength; (continued)

Session #10, Overhead 6

Medication Labels

- Directions for how to use the medication;
- Quantity in the prescription;
- Expiration date; and
- Other information (e.g., Prescription #; pharmacy; refills; etc.)

Session #10, Overhead 7

Medication Labels

Best Med Pharmacy
RX 577524   Dr. Boyd
Patient: Jane Smith   07/01/00

Amoxicillin, 500 mg.   #30 capsules
Take 1 capsule 3 times daily for 10 days

Expires 07/31/01
No Refills

Session #10, Overhead 8

What is the medication dose?

How many pills does Jane take each day?

Say

We will work on a medication label exercise. In the Worksheet and Activities of your *Resource Guide*, you will find an activity titled Medication Label (refer to the page number).

Look at the label and then answer the questions at the bottom of the page.

After about 5 minutes . . .

Do

Show overhead #9 and discuss the correct answers

Do

Show overhead #10

Say

There are also various warning labels which may appear on a prescription or over-the-counter medication. What are some of the other warning labels you may have seen on medications?

Do

Write down answers on flip chart or blank transparency. Answers may include some of the following:

Your Presentation Notes

Medication Labels

Rite Med Pharmacy
RX 732561   Dr. Jones
Patient: John Doe   01/02/01

Prilosec, 20 mg.   #30 capsules
Take 1 capsule 1 time daily

Expires 01/31/02
3 Refills

Fill in the blanks
Person: _____
Medication: _____
Dose: _____
Time: _____
Route: _____

Session #10, Overhead 9

Common Label Warnings

Session #10, Overhead 10
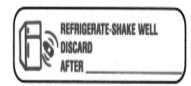
Resource Guide

Common Label Warnings

YOU SHOULD AVOID PROLONGED OR EXCESSIVE EXPOSURE TO DIRECT AND/OR ARTIFICIAL SUNLIGHT WHILE TAKING THIS MEDICATION.

REFRIGERATE-SHAKE WELL DISCARD AFTER _____

TAKE WITH FOOD

SHAKE WELL BEFORE USING

KEEP IN REFRIGERATOR DO NOT FREEZE

Discard unused Portion after the expiration date of _____
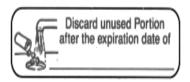
- For External Use Only

- Medication Should Be Taken With Plenty Of Water

- Do Not Take With Dairy Products, Antacids Or Iron Preparations Within One Hour Of This Medication

- Finish All This Medication Unless Otherwise Directed By Prescriber

- May Cause Discoloration Of The Urine Or Feces

- May Cause Dizziness Or Drowsiness

- Take Medication On An Empty Stomach 1 Hour Before Or 2 Hours After A Meal Unless Otherwise Directed By Your Doctor

- It May Be Advisable To Drink A Full Glass Of Orange Juice Or Eat A Banana Daily While Taking This Medication

Say

This list can be used by you as well as the individual with whom you work.

Note: Allow a few minutes to go over the list and answer any questions.

| Your Presentation Notes |

Ask

Have any of you ever been given sample medication?

Say

Sample medications may be used if given by the prescribing physician. Sample medications must have all the information required on a regular prescription label except pharmacy name and prescription number.

Another important thing to keep in mind is that all medications have both a trade name and a generic name. The trade name, or the brand name, is the name given by the manufacturer, such as Tylenol. The generic name is the name given by the federal government. The generic name for Tylenol is acetaminophen.

Usually the trade name is capitalized, such as Advil, but not the generic name, which in this case is ibuprofen. It is important to know both names of the medications that a consumer is taking. Many times overdoses of medications have been given, because a person did not know that both medications were the same. This can happen if more than one physician is prescribing medication, or if the pharmacy fills a new prescription by one name, while the old prescription was filled by the other name.

Your Presentation Notes

Ask

What should the DSP do if he or she sees that two prescriptions have been written for the same drug? (**Answer**: notify the physician) The prescription might be under the same trade or generic name or under different names. For example, one under the trade name and one under the generic name.

Five Rights of Assisting with Self-Administration of Medication

Say

We are now going to discuss the DSP's role in assisting individuals with self-administration of medication. We discussed the Five Rights of assisting with the self-administration of medication in Year 1. Who wants to begin by telling us one of the Five Rights?

Do

Go to flip chart, easel, or blank transparency. List the first correct response, and continue asking and listing responses until all Five Rights are recorded on the paper.

Your Presentation Notes

Do

Show overhead #11

Say

The Five Rights of Assisting with Self-Administration of Medication include:

1. **Right Person**

   When assisting an individual with any medication, it is essential to know the person. You may ask the individual, "What is your name?" Do not say, "Are you John Jones?" Some consumers may say "Yes" to any question asked. If uncertain of the individual's name or identity, consult another staff member, who knows the individual, before assisting him or her with self-administration of any medication. Stay with the individual until certain that he or she has taken the medication.

2. **Right Medication**

   Always check the name of the medication and the person on the pharmacy label. Make sure you are giving the right medication to the right person. Read the label three times and compare it to the medication ordered.

   • The first check is when you removed the medication from the storage area.

   • The second check is when you

Your Presentation Notes

The Five Rights

Right Person

Right Medication

Right Dose

Right Time

Right Route

remove the medication from its original container.

- The third check is just before you assist the individual with self-administration of the medication.

3. Right Dose

Read the pharmacy label for the correct dosage. Be alert to any changes in the dosage.

- Question the use of multiple tablets to provide a single dose of medicine.

- Question any change in the color, size, or form of medication.

- Be suspicious of any sudden large increases in medication dosages.

4. Right Time

Medication must be taken at a specific time of the day. Check the pharmacy label for the directions as to how often the medication should be taken.

- How long has it been since the last medication?

- Are foods or liquids to be taken with the medication?

- Are there certain foods or liquids to avoid when taking the medication? Is there a certain period of time to take the medication in relation to foods or liquids?

Your Presentation Notes

The Five Rights

Right Person

Right Medication

Right Dose

Right Time

Right Route

Session #10, Overhead 11

• Is it the right time of day, such as a.m. or p.m.?

5. **Right Route**

The pharmacy label should state the appropriate route for self-administering the prescribed medication. Remember to always check the medication label carefully. If you have any doubt as to whether the medication is in the correct form as ordered or can be self-administered as directed, consult with the prescribing physician or your pharmacist.

In the case of pills (tablets, capsules, etc.), liquids, under the tongue (sublingual), or between the teeth and cheek (buccal), the right route is "oral." This means that the medication enters the body through the mouth.

Other routes include oral inhalers; nasal sprays; topical, which includes dermal patches or ointments to be applied to the skin; eye drops (ophthalmic) and ear (otic) drops.

Other more intrusive routes, such as intravenous administrations, intramuscular or subcutaneous injections, rectal and vaginal suppositories, or enemas are only to be administered by a licensed healthcare professional.

Your Presentation Notes

The Five Rights

Right Person

Right Medication

Right Dose

Right Time

Right Route

Session #10, Overhead 11

In some cases, an individual in an Adult Residential Facility may inject their own medication. If an adult is to self-administer an injectable medication (for example, insulin for diabetes), a physician must provide a written statement that this individual is capable of doing so.

If an individual takes his or her own medication independently, the medication must still be properly stored in a locked cabinet.

Documentation

Say

Now we're going to be discussing documentation of medications. To avoid errors, it is advised that pre-made labels from the pharmacy be placed on the Medication Log. Some pharmacies may also provide the medication log with the prescriptions already typed on the sheet. This is also acceptable. When possible, appropriate pre-made warning labels will also be placed on the Medication Log (such as "take with food"). A new prescription and label must be obtained each time a medication dosage is increased or decreased.

There are several types of Medication Logs. Whatever type your agency uses, the Five

Your Presentation Notes

Medication Log

Name: J. Doe

Molina Family Home, 123 Main Street, Any City, CA 90000 (Ph: 123-4567)

Insurance: □ Medi-Cal • □ Medicare • Insurance No. _____

Month & Year (MM/YY) _____ & Date

Drug/Strength/Form/Dose	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Primary care physician: _____

Pharmacy: _____

Legend: Initials means given.   Meds given at …   D=day program • H=Relative or friend's home • E=Elsewhere

Signatures & initials: _____ for _____   _____ for _____

Notes & comments: (*Suggest color-coding times of day with light highlighter.*)

Allergies

Rights should be easily identified on the form.

Do
Show overhead #12

Your Presentation Notes

Say
Please find this form in the Worksheet and Activities section of your *Resource Guide* (refer to page number). The DSP who initiates or begins the form should complete the individual's name, the month of the year, the primary care physician, the pharmacy, and note any drug allergies.

Do
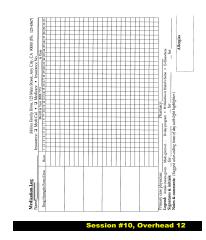Show DSP where the required information should be entered on the form.

Ask
Who remembers the Five Rights? (Right Person, Right Medication, Right Dose, Right Time, Right Route).

Say
This information must be clearly written on the pre-made label from the pharmacy. The Medication Log will usually have a box or place for the DSP who is assisting with administration of medication to sign his or her initials. This must be done at the time the medication is taken by the individual, not before, and not hours later.

Do

Show students how and where to sign and initial the Medication Log.

Ask

What time is a medication to be taken that is ordered once a day? In the morning? At 12:00 noon? At dinner time?

Say

This can be confusing. Generally, if a medication is ordered only once a day, it is usually given in the morning, around 8:00 or 9:00, unless it is ordered at bedtime. Some medications may be ordered before or after meals. It is important to check every medication. Often medications ordered twice a day are given in the morning and around dinner time, but some may be given in the morning and at bedtime. Again it is important to check the order to see if it makes a difference. Three times a day are often 9 a.m., 1:00 p.m. and 5:00 p.m., and four times a day are frequently 9 a.m., 1:00 p.m., 5:00 p.m. and 9:00 p.m. But always check the order. Medications ordered every 6 hours, must be given 6 hours apart, such as 6 a.m., 12:00 noon, 6 p.m. and 12:00 midnight. You may always ask the pharmacist to write the suggested times on the pre-made labels.

Your Presentation Notes

Let's look at samples of the Medication Log in the *Resource Guide* and pay particular attention to the times of administration (refer to the page numbers). REMEMBER: All changes in medication orders require a new pre-made label from the pharmacy. The use of pre-made labels avoids errors.

Medication Errors

Do
Show overhead #13

Ask
What is a medication error? Ask students to explain to the class what each error means. Examples could include:

Wrong Person: John took Sara's cough syrup

Wrong Dosage: Jean took two tablets instead of one

Wrong Time: Fred took his evening capsule in the morning

Wrong Route: Matt used his eye drops for his runny nose

Not Taken At All: Sally went to work and did not take her morning seizure medication

Your Presentation Notes

What About Errors?

- **Errors happen when:**
  - **wrong Person**
  - **wrong Dosage**
  - **wrong Time**
  - **wrong Route**
  - **not Taken At All**
- **Report immediately to the prescribing physician**

Session #10, Overhead 13

Say

Remember: It is very important to report all medication errors to the prescribing physician.

Say

We have talked about some common medication errors. Each facility should have a written policy on medication errors. You should review the policy at your facility. Now let's talk about how to document medication errors. Please divide into groups. We are going to look at different scenarios of medication errors. Discuss in your group the error(s), what should be done and how it should be documented.

Again, the general practice is to initial the square or box and put a circle around it. Then, on the back of the record, document what occurred. Notify the physician or physician on call immediately when a medication error occurs.

Remember medication errors also require that a Special Incident Report be sent to Community Care Licensing and the Regional Center. Keep these requirements in mind when you are discussing your case scenarios. Then choose a DSP from your group to report back to the class at the conclusion.

Your Presentation Notes

Do

From the 3 scenarios, assign one to each group. Give 10 minutes to discuss and then reconvene group. Have groups volunteer to report their scenario and the action that should be taken back to the whole class. (This will generally require notifying the physician, in addition to documenting.)

Note: On the following three pages, you will find copies of the scenarios with answers to *What Should You Do.*

Do

Discuss scenarios with the class as the groups present their recommendations.

Common Medications

Say

Now let's talk about common medications often prescribed for individuals with developmental disabilities. I am going to give you some examples of common medications. You are not expected to memorize these examples. I just want you to be familiar with some of the terms. Your resource for information about medications is the physician or pharmacist.

Since developmental disabilities usually involves the central nervous system, most

Your Presentation Notes

Activities for Documenting Medication Errors

SCENARIO 1

You are working as a DSP on the evening shift in a small family home with 6 adult residents. This morning, a new resident, Ruth Ann Jones, age 55, moved in. Ruth Ann is diagnosed with mental retardation, cause unknown. You are assisting with the evening medications, and this is the first time you will be assisting Ruth Ann. When you look at the Medication Log, you notice that Ruth Ann takes many medications. These include:

> Prilosec 20 mg daily;
>
> Prozac 20 mg twice daily (am and noon);
>
> Haldol 2.0 mg 3 times a day;
>
> Inderal 40 mg 3 times a day;
>
> Peri-Colace 2 capsules at bedtime

You prepare the medications and assist Ruth Ann in taking them. When you sit down to document the medications given, you notice that only two, Haldol and Inderal, were to be given at 5:00 p.m. You gave the four medications ordered for earlier in the day, which included Prilosec and Prozac, as well as Haldol and Inderal.

Which one of the 5 rights was not checked correctly? (Answer: Right time).

What should you do? (Answer: Notify the physician that the extra doses of Prilosec and Prozac were given. Observe Ruth Ann for any reactions. This is not likely with just one extra dosage of either of these medications. However, it could possibly be more serious if an extra dose of Haldol or Inderal were given. Document the error on the Medication Log and complete a Special Incident Report.

SCENARIO 2

You are a DSP working in a small family home for children under the age of 18. You have 6 children in your home under the age of 8. You have prepared the medications for Sarah, who is 2 years old. The medications include: Proventil Syrup 2mg/5ml, 5ml daily; Tegretol 100mg/5ml, 5 ml twice daily; Cisapride 1mg/ 1ml, 3 ml four times a day, before meals and before sleep. It is 8:00 a.m. You assist Sarah to take 5 ml of each medication. When you document on the Medication Log, you notice that Cisapride was ordered 3 ml four times a day.

Which of the 5 rights were not checked correctly? (Answer: Right dose).

What should you do? (Answer: Notify the physician or physician on call. Follow physician's orders. Observe for symptoms of drug reaction. Document error on Medication Log. Complete Special Incident Report. Document any reactions in the individual's record).

SCENARIO 3

You are a DSP working in a small family home with 3 children. You prepare the medications for Connor, who is 3 years old. Connor currently has an upper respiratory infection, along with otitis media (ear infection) and conjunctivitis (eye infection). New prescriptions include Septra 10 ml by mouth every 12 hours; Pediacare Infant Drops, 2 dropperfuls by mouth four times a day; Sulamyd Ophthalmic Solution 1 drop in left eye every 2 hours; Cortisporin Otic Drops, 3 drops in each ear 4 times a day. You assist with Connor's medication, and following administration of the Cortisporin Otic Drops, you realize that you have placed the drops in the eye, rather than the ear.

Which of the 5 rights was violated? (Answer: Right route).

What should you do? (Answer: Notify physician or physician on call. Follow physician's orders. This will probably involve flushing the eye. Observe for reaction. Continue to document error on Medication Log. Complete Special Incident Report).

drugs that are prescribed for people with developmental disabilities affect the central nervous system.

For example, you will see a number of prescribed medications for the prevention of seizures. Seizures, which are caused by uncontrolled electrical discharges in the brain, are common in people with developmental disabilities. Anti-convulsant medications act to prevent seizures.

Ask
Students to name some examples of medications which prescribed to affect the central nervous system. (Answers should include those medications found on overhead #14.)

Do
Show overhead #14

Say
Another category of drugs which affect the central nervous system are psychotropic medications. These drugs are intended to affect thinking or feeling and are sometimes taken by people with developmental disabilities. These drugs are often categorized as anti-anxiety, anti-depression, and anti-psychotic medications. Anti-anxiety medications are used to reduce anxiety or anxiousness. Here are some examples.

Your Presentation Notes

Anticonvulsants

- Phenobarbital
- Dilantin
- Depakene or Depakote
- Tegretol
- Clonopin
- Mysoline
- Neurontin
- Lamictal

Session #10, Overhead 14

Do

Show overhead #15

Say

Here are some examples of anti-depression drugs which are used to treat depression.

Do

Show overhead #16

Say

Here are some examples of anti-psychotic drugs which are used to treat a variety of psychiatric disorders such as hallucinations and mood disorders**.**

Do

Show overhead #17

Side Effects

Say

"Side effects" are effects produced by a medication other than the intended effect. Side effects are usually undesired effects of the drug. Whether or not the desired effect occurs, for example, control of seizures, there is always the possibility that undesired side effects will occur. Side effects may be predictable, for example, drowsiness with seizure medication, or a side effect may be entirely unexpected and unpredictable.

Your Presentation Notes

Anti-Anxiety Drugs

- Phenobarbital
- Ativan
- Valium
- Xanax
- Librium

Session #10, Overhead 15

Antidepressants

- Elavil
- Trofanil
- Lithium
- Zoloft
- Desyrel
- Paxil
- Prozac

Session #10, Overhead 16

Antipsychotics

- Thorazine
- Prolixin
- Mellaril
- Navane
- Haldol

Session #10, Overhead 17

Side effects may be harmless, such as urine discoloration when taking Dilantin. Side effects, such as a severe allergic reaction to penicillin, may also be potentially fatal.

WHEN A PERSON HAS A KNOWN ALLERGY TO A MEDICATION, ALL RECORDS FOR THE INDIVIDUAL MUST INDICAE THE ALLERGY(IES).

Ask

What are some examples of side effects?

Record answers on a blank overhead or flip chart. Answers could include: dizziness, drowsiness, confusion, insomnia, psychosis, slurred speech, blurred vision, nervousness, constipation, tics, restlessness, dry mouth.

Say

As you can see, these side effects are a combination of physical and behavioral changes.   Physical and behavioral changes that are due to the effects of the medication (side effects) are often difficult to sort out from those that are not due to the medication.

Interpretation (deciding the meaning) of a sign or symptom is the responsibility of the physician. **Your responsibility as the DSP is to consistently and accurately observe, report and record any change in physical conditions or behavior.**

Your Presentation Notes

Say

As the DSP you need to know what medications are being used by people in the home where you work and learn about each medication. The DSP needs to know what possible side effects may occur, and be sure to ask the physician what kind of reactions should be brought immediately to his or her attention. Write these down in the individual's record. Everyone DSP should know what to do if a side effect or reaction occurs. CALL THE PHYSICIAN.

Adverse reactions or side effects can occur at any time. Some adverse reactions or side effects may not occur for several hours while some may happen immediately. If a serious adverse reaction occurs, the DSP must contact the prescribing physician, **call 911**, or take the person to the emergency room for treatment. Other, more minor changes should be brought immediately to the attention of those responsible for the home. **When in doubt, always err on the side of caution.**

Do

In the Worksheets and Activities section of your *Resource Guide*, you will find a copy of **Medication Safety Guidelines** (refer to page number) and a sample insert.

Your Presentation Notes

Medication Safety Guidelines

Resource Guide

Dear Physician/Pharmacist

To assist me in taking my medications properly, please help me answer these questions.

1.   What is the name of my medication?
      Brand Name: _____
      Generic Name: _____

2.   What is the medicine supposed to do?

3.   What is the dose?

4.   What time(s) should I take this medication?

5.   Should I take this medication with food?   Yes ___ No ___
      At least 1 hour before meals?   Yes ___ No ___
      At least 2 hours after meals?   Yes ___ No ___

6.   Are there any food(s) I should avoid?

7.   Are there any beverages/drinks (alcohol) I should avoid?

8.   Are there any vitamins, herbs or supplements I should avoid?

9.   What other medications should I avoid?

10.   Are there any over-the-counter (OTC) medications I should avoid?

11.   How long will it take for the medicine to start working?

12.   Are there any symptoms so serious you would want to know about them immediately?

13.   Are there any tests I should complete before starting the medication or while using it?

14.   What side effects are common with my medicine?

15.   If the medication being prescribed for a long period of time, are there any long-term effects?

Say

Every time a new medication is prescribed, the DSP should ask the pharmacist for a copy of the medication information sheet. The DSP should also ask the pharmacist to review the information sheet. The medication information sheet should be kept for future reference in the individual's record.

It is the DSP's responsibility to clearly understand the medication and both desired and undesired (side effects) of the medication. It is recommended that when talking to the physician and pharmacist, the DSP use the Medication Safety Guidelines tool to be sure that all necessary questions about the medication are answered. Any time you have questions, don't hesitate to contact the physician or pharmacist about the medication. Note: Review questions on the Medication Safety Guidelines sheet.

Don't be bashful! Get to know your pharmacist. It is recommended that each facility use only one pharmacy. This enables the DSP to develop a relationship with the pharmacy, and the pharmacy to get to know the medication histories of the individuals living in the home.

Your Presentation Notes

Drug and Food Interactions

Your Presentation Notes

Say

Adverse reactions or side effects may be caused by the interaction of medications or interaction with foods or alcohol. The effectiveness of a medication may be increased or decreased by adding other medications. For example, if Tagamet (for treatment of ulcers) is given with Dilantin (used to control seizures), the blood levels of Dilantin may be increased to toxic or dangerous levels.   Anti-biotics may reduce the effectiveness of oral contraceptives.

Alcohol in combination with anti-anxiety drugs such as Librium, Valium, or Xanax can be dangerous. Blood pressure medicine taken with grapefruit juice can make a person sick. Once again, it is the DSPs responsibility to ask questions and get all the necessary information about the medications that individuals are taking, including information about possible drug and food interactions,

Role of the DSP

Do
Show overhead #18

Say
The reminders on this overhead are the important skills that the DSP needs to know to assist individuals with the safe self-administration of medications:

- **IDENTIFY** and report symptoms accurately and completely

- **KNOW THE PERSON!** This includes the person's past medical and life history, medications used in the past, what worked and what didn't.

- **UNDERSTAND** what drug(s) is being used and why

- **HAVE KNOWLEDGE** about possible drug side effects and interactions with other drugs and food

- **CONTINUOUSLY** observe the person's condition and evaluate response to the treatment program

Your Presentation Notes

Role of the DSP

- Identify and report symptoms
- Know the person!!
- Understand what drug and why
- Knowledge about possible side effects and interactions
- Observation

Session #10, Overhead 18

Procedures for Assisting With Self- Administration of Medications

Say

Now we will discuss procedures for the DSP to follow when assisting with self-administration of medications. Upon completion of this session, I will be assessing each of you individually in this area.

Remember, before a DSP can assist with any medication, prescription, PRN or over-the-counter medication, there must be a written, dated, and signed physician's order in the individual's record.

Only one DSP should be assisting an individual with medications at any given time. That DSP should complete the entire process of assisting an individual with self-administration of medication from beginning to end. Never hand a medication to one person to pass on to another. The DSP should always prepare medication in a clean, well-lit, quiet area. Allow plenty of time, avoid rushing and stay focused.

While Community Care Licensing regulations permit the set up of medications up to 24 hours in advance, there are many potential problems with this practice.

Your Presentation Notes

Ask

Can you think of some of the problems with setting up medications in advance? Answers should include wrong person, wrong medication, wrong dose.

Say

For these reasons, it is recommended that set up of medications be done immediately before assisting an individual with self-administration of medications.

Do

Show overheads #19, #20, #21

Say

The following are the steps to be taken when assisting an individual with self-administration of medication.

The DSP:

1. Washes his or her hands

2. Helps the individual wash his or her hands

   Hand washing reduces risk of contamination

3. Gathers supplies, including medication log, labeled container, glass of water, straws, paper cup and other necessary items

Your Presentation Notes

Assisting with Self-Administration of Medication

1. DSP washes his or her hands
2. Individual washes his or her hands
3. DSP gathers supplies
4. DSP checks Five Rights
5. DSP pours correct dose

Session #10, Overhead 19

4. Checks the Five Rights
>   Right Person
>   Right Medication
>   Right Dose
>   Right Time
>   Right Route

Checking for the Five Rights reduces medication errors

5. Pours the correct dose (capsule or tablet) into the cap and then into a labeled (including name) medication paper cup or pours the correct dose into a calibrated cup or spoon label with the individual's name for a liquid medication

6. Again, checks the Five Rights
>   Right Person
>   Right Medication
>   Right Dose
>   Right Time
>   Right Route

7. Talks with the individual about the medication

Talk to the individual about what you are doing and why. This is a good time for the individual to learn about the medication that they are taking.

8. Again, checks the Five Rights.
>   Right Person
>   Right Medication
>   Right Dose
>   Right Time
>   Right Route

Your Presentation Notes

> **Assisting with Self-Administration of Medication**
>
> 6. **Again, check the Five Rights**
> 7. **Talk with the Individual**
> 8. **Again, check the Five Rights**
> 9. **Place medication near individual**
> 10. **Offer water**
>
> Session #10, Overhead 20

---

9. Places the medication within the individual's reach.

10. Offers a glass of water (at least 4 oz.)

11. Makes sure that the individual swallows the medication.

    Stay with the individual until you are certain that they have taken the medication.

12. Documents that medication was taken on the Medication Log

13. Returns the container to the proper locked storage area

14. Observes for Side Effects

15. Reports Side Effects to Physician

Assisting with Tablets, Capsules, and Liquids

Say

Always ask the physician (and pharmacist) to give you the medicine in the proper form for the individual based upon their needs and preferences. For example, one person may have difficulty swallowing capsules and prefer liquid medication, while another may prefer capsules.

Ask for help from the prescribing physician or pharmacist if you are unsure about any

Your Presentation Notes

Assisting with Self-Administration of Medication

11. Check that medication is swallowed
12. Document on Medication Log
13. Return container to locked storage
14. Observe for side effects
15. Report side effects to physician

Session #10, Overhead 21

step in the preparation of, assistance with, or documentation of medications.

Say

For medications in tablet or capsule (pill) form follow all of the steps in the procedures for self-administration of medications. When assisting with capsules or tablets, the following additional steps should be taken:

1. Pour (or punch out, if bubble pack) the correct dose into the bottle cap and THEN into the container used for holding the tablets or capsules before the person takes them. The container should be labeled with individual's name. It is recommended that the DSP use a disposable paper cup for the container. If too many pills pour out, return the pills from the bottle cap into the container. If using a bubble pack, punch out the correct dose into the container.

2. Again check the medication label to assure the ordered dosage has been removed from the labeled container.

3. When assisting the person who is taking the pills, always provide a glass of water. If pills are not taken with liquids they can irritate the throat and intestinal tract and they may not be correctly absorbed. Again, check the pharmacy label. Some medications must be taken with FOOD, and there may be other special instructions.

Your Presentation Notes

Do

Show overhead #22

Say

If someone has problems taking the capsule or tablet the DSP might:

- Ask the physician if the medication is available in liquid or chewable forms.

- Ask physician if medication can be crushed.

- Recommend to the person that he or she take a small sip of water before placing the pill in the mouth can make swallowing the capsule or tablet easier.

- Recommend to the person that he or she tilt their head forward slightly and take a drink of water. This might make swallowing easier. (Throwing the head back may increase the risk of choking.)

Your Presentation Notes

Problems Swallowing Tablets or Capsules

- Ask physician or pharmacist if available in liquid or chewable form
- Ask physician or pharmacist if medication can be crushed
- Ask individual to take a small sip of water before taking the pill
- Remind or assist the individual with tilting his or her head forward

Session #10, Overhead 22

Assisting with Liquid Medications

Say

For medications in liquid form, follow all of the procedures for self-administration of medications. When assisting with liquid medications, these additional steps should be taken:

1. Check the label for any directions to "shake well" and do so if indicated.

2. Remove the cap from the bottle and place it upside down on the work surface.

3. The liquid medication should come with a measuring device such as a spoon or cup. If there is no measuring device available, check with your pharmacist or physician to determine exactly how the medication should be measured. Be sure to use a cup with markings, or specially-designed spoon with markings, or a fluid syringe (without needle) with clear markings, when taking teaspoons and tablespoons of a liquid medication. Regular eating spoons (metal or plastic) are simply not accurate enough.

4. Locate the marking for the ordered amount on your medicine cup or other measuring device. Keeping your thumbnail on the mark, hold the cup at eye level and pour the correct amount of medication. (Accuracy is important, so you may want to place

Your Presentation Notes

the cup on a flat surface to pour and measure. Pour the medication away from the label to prevent staining same with any spills.)

5. If too much liquid is poured, do not return it to the bottle — discard it.

6. After pouring the medication, double check that the amount is the amount that has been indicated on the label.

7. Wipe the lip of the bottle with a clean, damp paper towel before replacing the cap.

8. If any liquid is spilled on the outside of the bottle, also wipe with a clean paper towel.

9. Provide water after the liquid has been swallowed. Again, check the pharmacy label for any special instructions.

10. Wash the measuring device with warm water and air dry on a paper towel.

Do
Show overhead #23

Say
What if an individual does not swallow medications with an adequate amount of water?

• If the individual has difficulty drinking or swallowing liquids, ask the

Your Presentation Notes

Does Not Swallow with Enough Water

● **Ask physician or pharmacist about:**
  • **Jell-O that is semi-liquid or jelled**
  • **Apple juice or other medication-compatible juice**

Session #10, Overhead 23

physician or pharmacist about these alternatives:

- Jell-O that is semi-liquid or jelled

- Apple juice or other medication-compatible juice

Do

Show overhead #24

Say

If the person has difficulty taking liquid medications, the DSP might:

- Give the individual a straw to use to decrease spillage and bad taste

- Give the person ice chips to suck on just before taking the medication. This will often help mask the bad taste

- Ask physician or pharmacist if medication can be diluted to cover a bad taste

- Ask physician or pharmacist if there is another medication-compatible juice that can be used (for example, apple juice)

Say

Let's review and learn some additional best practices about what we know about tablets capsules and liquid medication. We will use the 'thumbs up", "thumbs down" or "thumbs to the side" to answer these questions.

Your Presentation Notes

Difficulty Taking Liquid Medication

- Offer a straw
- Offer ice chips
- Can medication be diluted?
- Can a different liquid be used?

Session #10, Overhead 24

If you know a statement is correct, give the "thumb up."

If you know a statement is wrong or incorrect, give the "thumb down."

If you aren't sure of the answer, give me a "thumb to the side."

Note: Be sure to clarify all statements as needed so DSPs learn the correct answer.

Say
NEVER crush any kinds of tablets unless the prescribing physician has given specific directions to do so. **(up)**

Say
It is okay to open capsules. **(down)**
[**Correct Answer:** DO NOT open capsules and empty out the contents.]

Say
It is okay to hide medication in food or liquid. **(down)**
[**Correct Answer:** Never try to disguise a medication by putting it in food or liquid.]

Say
Swallowing capsules with water is helpful. **(up)**

Your Presentation Notes

Say

Altering the form of capsules or tablets may have an impact on their effectiveness by changing the way a person's body absorbs them. **(up)**

Say

If there is any question about what is safe to do, contact the prescribing physician or pharmacist.

Say

Any food can be taken with medication. **(down)**
[**Correct Answer:** Some foods can change the way certain medications work. Read the medication label, it may tell you what to avoid.]

For liquid medications:
Say

You should never shake liquid medication. **(down)**
[**Correct Answer:** Check the label for any directions to "shake well" and do so if indicated.]

Say

Any juice glass is good for measuring liquid medication. **(down)**
[**Correct Answer:** The liquid medication should come with a measuring device such as a spoon or cup. If there is no measuring

Your Presentation Notes

device available, check with your pharmacist or physician to determine exactly how the medication should be measured. Be sure to use a cup with markings, or specially-designed spoon with markings, or a fluid syringe (without needle) with clear markings, when taking teaspoons and tablespoons of a liquid medication. Regular eating spoons (metal or plastic) are simply not accurate enough.]

Say

Locate the marking for the ordered amount on your medicine cup or other measuring device. Accuracy is important, so you may want to place the cup on a flat surface to pour and measure. Pour the medication away from the label to prevent staining same with any spills. **(up)**

Say

If too much liquid is poured, pour it back into the bottle. **(down)**
[**Correct Answer:** If too much liquid is poured, do not return it to the bottle – discard it.]

Say

After pouring the medication, double check that the amount is the amount that has been indicated on the label. **(up)**

Your Presentation Notes

Label Information

Labels for capsules (one for container and one for bubble pack)

Jelly bean red	**Prescription #12345**
(Generic for JELLY BIRD EGGS, RED)	
100 mg. Tablets	
Quantity 1 tablet	**Date 1/3/01**
Take one tablet daily	
Dr. R. Kildare, M.D.	
Expiration, January 2003	

Jelly bean green	**Prescription #12346**
(Generic for JELLY BIRD EGGS, GREEN)	
100 mg. Tablets	
Quantity 1 tablet	**Date 1/3/01**
Take one tablet daily	
Dr. R. Kildare, M.D.	
Expiration, January 2003	

Label for liquid medication

Goofensin	**Prescription #12347**
(Generic for Robertussin)	
Quantity 100cc	
200mg/5cc	**Date 1/3/01**
Take 5cc daily	
Dr. R. Kildare, M.D.	
Expiration, January 2003	

Say

Wipe the lip of the bottle with a clean, damp paper towel before replacing the cap. **(up)**

Say

If any liquid is spilled on the outside of the bottle, also wipe with a clean paper towel. **(up)**

Say

If an individual takes liquid medication, they don't need any water. **(down)**
[**Correct Answer:** Provide water after the liquid has been swallowed. Again, check the pharmacy label for any special instructions.]

Say

Wash the measuring device with warm water and air dry on a paper towel. **(up)**

Break

Skill Check: Self Administration of Medications

Do

Work with a local pharmacist to gather necessary supplies for the activity. Follow the teachers instructions for Skill Check #1 on the following page.

Your Presentation Notes

PRE-CLASS ACTIVITIES:

1. Gather supplies for skill checks. Have enough supplies for several practice sessions and up to three skill checks for each student.

    Labeled storage units for medications (e.g., plastic basket)
    Medications in a properly labeled containers and bubble packs
    Liquid medication in properly labeled containers
    Plastic calibrated medicine cups and medication spoons
    Small paper cups for tablets or capsules
    Paper cups for water
    Water
    Tissues
    Medication Logs
    Pens
    Skill Check #1 Worksheets

2. Place labeled medication containers and bubble pack in the labeled storage unit

3. Put all supplies in central area in the classroom.

CLASSROOM ACTIVITIES:

1. Review information on medications from Session 10. SAY… I know that many of you have been assisting with medication for a long time. For others this may be a new responsibility. Whatever your level of experience, assisting with medication is a very high-risk activity. The critical skills that you will be learning today are designed to reduce as many opportunities for errors as possible. They are designed to provide maximum protections for the individuals you are assisting as well as yourself. No one wants to be responsible for causing injury or harm to someone else, and the information being shared today will help to prevent such an occurrence.

    The goal for the day is to learn step-by-step procedures to assist an individual in taking an accurate dose of medication. The procedures that you will practice may, at first, seem difficult. You will be given lots of time to practice and, as you feel more confident, the process will get easier and take less time. In order to satisfactorily complete this training, you will be required to demonstrate your ability to safely assist individuals with self administration of medications.

    In the video you are about to see, the direct support staff demonstrates the critical skills necessary for ensuring safe assistance with self administration of medication.

2. View *Five Rights* Video

3. Hand out and demonstrate procedures on *Skill Sheet # 1 Worksheet, Assisting Individuals with Self Administration of Tablets, Capsules and Liquid Medications.*

SKILL CHECK #1

Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications

4.   Instruct students to choose a partner and to practice procedures for both tablets and capsules, and liquids using the *Skill Sheet # 1 Worksheet*. The student should check off each step correctly completed by his or her partner (Partner Check).   When the student is comfortable that he or she knows all of the steps, the student should ask the teacher to complete the Teacher Check.

5.   Using the *Worksheet*, observe the student and check off each step correctly completed (Teacher Check).   After certifying that the student has completed all the steps in the skill sequence correctly from beginning to end (Teacher Check), sign and date the *Skill Check #1 Certification* form. The student is limited to three attempts. The student should not use the *Worksheet* during the Teacher Check.

       COMPETENCY: Each student is required to complete *Skill Check #1 Worksheet, Assisting Individuals With Self Administration of Tablets, Capsules and Liquid Medications,* with **no errors** in **critical steps**. The critical steps are identified in bold letters in the Supplemental Teacher Instructions. These steps must be completed correctly for the student to pass the skill check.

4/01/02

SKILL CHECK #1
Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications
STUDENT INSTRUCTIONS
<u>*The following underlined and italicized supplemental information is being provided to assist the*</u>
<u>*teacher in conducting this skill check.*</u>

Directions:

Partner with another member of the class. Each partner should have a *Skill Check #1*
*Worksheet***. Using the** *Worksheet***, practice all the steps in this skill. Have your partner check
off each step you correctly complete (PARTNER CHECK). When you are comfortable that
you are able to correctly complete all the steps without using the** *Worksheet***, ask the teacher
to complete the Teacher Check.**

Reminders for Assisting With Self Administration:

- ALWAYS store medication in a locked cabinet and/or refrigerator

- NEVER leave medication unattended once it has been removed from the locked storage
  area

- ALWAYS check for known allergies

- ALWAYS read the medication label carefully and note any warning labels

- Assist only with medication from labeled containers

- Assist only with medication that you have prepared

HELPFUL HINT

When completing this skill check, remember that you are checking the
*"**FIVE** Rights" **THREE** Times by reading the medication label and*
comparing to the Medication Log.

- **The first check** is when you remove the medication from the
  locked storage area or storage container.

- **The second check** is when you remove the medication from its
  original labeled container.

- **The third check** is just before you assist the person with self
  administration.

COMPETENCY: Each student is required to complete *Skill Check #1 Worksheet, Assisting*
*Individuals With Self-Administration of Tablets, Capsules and Liquid Medications***, with no errors** <u>*in*</u>
<u>*critical steps.*</u>
4/1/02

SKILL CHECK #1 WORKSHEET
Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications

Scenario: The time is 8:00 a.m. in the morning. The date is the day of the class. The staff is assisting Jacob Smith with self administration of medication.

TEACHER NOTE: Critical steps in the skill sequence are bolded. The student must correctly complete these critical steps in order to pass the skill check. Refer to notes in each step.

Please initial each step when completed correctly	Partner Check	Teacher Check		
		Attempt #1	Attempt #2	Attempt #3

STEPS _____ _____ _____

Date   Date   Date

1. Help the person who you are assisting to wash his or her hands _____   _____ _____ _____

2. *Critical skill:* **Wash your hands** _____   _____ _____ _____
   Note (#2): Student verbalizes that he or she has washed his or her hands

3. *Critical skill:* **Get the Medication Log for the person you are assisting** _____   _____ _____ _____

4. *Critical skill:* **Gather supplies:** _____   _____ _____ _____
   - **The labeled medication storage unit with the medication containers**
   - **Paper cups for tablets and capsules, plastic calibrated measuring cup or medication spoon for liquid**
   - **Glass of water**
   - **Pen**
   - Tissues
   Note (#4): Recommend supplies be prepackaged

5. *Critical skill:* **As you take each medication container from the person's storage unit, read the medication label and compare to the Medication Log for the:**

   - **Right Person** _____   _____ _____ _____

   - **Right Medication** _____   _____ _____ _____

   - **Right Dose** _____   _____ _____ _____

   - **Right Time**
     Check the time on your watch/clock _____   _____ _____ _____
   - **Right Route** _____   _____ _____ _____
   Note (#5): This is the customary order; however, the teacher may pass the student as long as all 5 Rights are checked. The student should verbalize the 5 Rights as he or she makes the comparison.

<u>*SUPPLEMENTAL TEACHER INSTRUCTIONS*</u>
SKILL CHECK #1 WORKSHEET
Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications

Please initial each step when completed correctly	Partner Check	Teacher Check		
		Attempt #1	Attempt #2	Attempt #3

STEPS

6. <u>*Critical skill:*</u> **Again, as you prepare the medications, read the medication label and compare to the Medication Log for the:**   _____   _____ _____ _____

- **Right Person**

- **Right Medication**

- **Right Dose**

- **Right Time**
Check the time on your watch/clock

- **Right Route**
Note (#6): Same as in # 5

7. <u>*Critical skill:*</u> For tablets or capsules, **pour the correct dose** into the lid of the container and then into a small paper cup   _____   _____ _____ _____

8. For bubblepacks, push tablets/capsules from the bubblepack into a small paper cup   _____   _____ _____ _____

9. For liquid medication, **pour the correct dose** into the plastic measuring cup held at eye level   _____   _____ _____ _____
   - View the medication in the cup on a flat surface   _____   _____ _____ _____
   - Pour away from the medication label to avoid spills   _____   _____ _____ _____
   - If any spills on the bottle, wipe away   _____   _____ _____ _____
        OR
   When using a measuring spoon:
   - Locate the marking for the dose   _____   _____ _____ _____
   - Hold the device at eye level and fill to the correct dosage marking   _____   _____ _____ _____
   - Pour away from the medication label to avoid spills   _____   _____ _____ _____
   - If any spills on the bottle, wipe away   _____   _____ _____ _____

<u>Note (#s7, 8, and 9): The critical skill is pouring the Right medication in the Right amount.</u>
<u>Application of the above steps is recommended in order to clearly identify medications as they are</u>
<u>poured and to ensure that the correct amount is poured. While not recommended as best practice,</u>
<u>pouring tablets/capsules directly into a paper cup and use of one paper cup are acceptable.</u>

SUPPLEMENTAL TEACHER INSTRUCTIONS
SKILL CHECK #1 WORKSHEET
Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications

Please initial each step when completed correctly	Partner Check	Teacher Check		
		Attempt #1	Attempt #2	Attempt #3

STEPS

10. Talk with the person you are assisting about what you are doing and about why he or she is taking each medication   _____   _____ _____ _____

11. *Critical skill:* **Again, just before putting the medication within the person's reach, read the medication label and compare to the Medication Log for the:**   _____   _____ _____ _____

- **Right Person**

- **Right Medication**

- **Right Dose**

- **Right Time**
  Check the time on your watch/clock

- **Right Route**
Note (#11): Same as in #s 5 and 6. This is the customary order; however, the teacher may pass the student as long as all 5 Rights are checked. The student should verbalize the 5 Rights as he or she makes the comparison.

12. *Critical skill:* **Place the medication within the person's reach**   _____   _____ _____ _____

13. *Critical skill:* **Offer a glass of water**   _____   _____ _____ _____

14. *Critical skill:* **Make sure that the person takes the medication and drinks water**   _____   _____ _____ _____

15. *Critical skill:* **Record that the person took their medication by initialing the date and time in the proper box on the Medication Log**   _____   _____ _____ _____

16. *Critical skill:* **Return the medication containers and bubble pack to the person's storage unit. As you do so, read the labels to check that the person's name on the medication container label is the same as the name on the storage unit**   _____   _____ _____ _____

Direct Support Professional (DSP) Training
SUPPLEMENTAL TEACHER INSTRUCTIONS
SKILL CHECK #1
Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications
CERTIFICATION

Note: Teacher keeps a record of the skill check results on the Student Summary Sheet and on the test-after-training Scantron Answer Sheet. Bubble in "A" for Pass and "B" for Fail as follows:

> *#99 – Skill Check # 1: Assisting With Self-Administration of Medication;*
> *#100 – Skill Check #2: Gloving Technique.*

Upon completion of the skill check, the Skill Check Worksheet and the Certification forms should be given to the student.

This is to certify that (Name of Student)_____

correctly completed all of the steps for *Assisting Individuals With Self Administration of*

Tablets, Capsules, and Liquids.

Teacher Signature: _____**Date :**_____

Comments:_____

_____

_____

_____

SKILL CHECK #1
Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications
STUDENT INSTRUCTIONS

Directions:

Partner with another member of the class. Each partner should have a *Skill Check #1 Worksheet*. **Using the** *Worksheet*, **practice all the steps in this skill. Have your partner check off each step you correctly complete (PARTNER CHECK). When you are comfortable that you are able to correctly complete all the steps without using the** *Worksheet*, **ask the teacher to complete the Teacher Check.**

Reminders for Assisting With Self Administration:

- ALWAYS store medication in a locked cabinet and/or refrigerator

- NEVER leave medication unattended once it has been removed from the locked storage area

- ALWAYS check for known allergies

- ALWAYS read the medication label carefully and note any warning labels

- Assist only with medication from labeled containers

- Assist only with medication that you have prepared

HELPFUL HINT

*When completing this skill check, remember that you are checking the "**FIVE** Rights" **THREE** Times by reading the medication label and comparing to the Medication Log.*

- **The first check** is when you remove the medication from the locked storage area or storage container.

- **The second check** is when you remove the medication from its original labeled container.

- **The third check** is just before you assist the person with self administration.

COMPETENCY: Each student is required to complete *Skill Check #1 Worksheet, Assisting Individuals With Self-Administration of Tablets, Capsules and Liquid Medications*, **with no errors in critical steps.**
Revised 4/01/02

TEACHER_____   STUDENT: _____
                                            DATE: _____

SKILL CHECK #1 WORKSHEET
Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications

Scenario: The time is 8:00 a.m. in the morning. The date is the day of the class. The staff is assisting Jacob Smith with self administration of medication.

Please initial each step when completed correctly	Partner Check	Teacher Check		
		Attempt #1	Attempt #2	Attempt #3

STEPS

	Partner	Attempt #1	Attempt #2	Attempt #3
		Date	Date	Date
1. Help the person who you are assisting to wash his or her hands	_____	_____	_____	_____
2. Wash your hands	_____	_____	_____	_____
3. Get the Medication Log for the person you are assisting	_____	_____	_____	_____
4. Gather supplies:	_____	_____	_____	_____

- The labeled medication storage unit with the medication containers
- Paper cups for tablets and capsules, plastic calibrated measuring cup or medication spoon for liquid
- Glass of water
- Tissues
- Pen

5. As you take each medication container from the person's storage unit, read the medication label and compare to the Medication Log for the:

	Partner	Attempt #1	Attempt #2	Attempt #3
• Right Person	_____	_____	_____	_____
• Right Medication	_____	_____	_____	_____
• Right Dose	_____	_____	_____	_____
• Right Time Check the time on your watch/clock	_____	_____	_____	_____
• Right Route	_____	_____	_____	_____

Revised 4/01/02

SKILL CHECK #1 WORKSHEET
Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications

Please initial each step when completed correctly	Partner Check	Teacher Check		
		Attempt #1	Attempt #2	Attempt #3

STEPS

6. Again, as you prepare the medications, read the medication label and compare to the Medication Log for the: _____   _____ _____ _____

- Right Person

- Right Medication

- Right Dose

- Right Time
  Check the time on your watch/clock

- Right Route

7. For tablets or capsules, pour the correct dose into the lid of the container and then into a small paper cup   _____   _____ _____ _____

8. For bubblepacks, push tablets/capsules from the bubblepack into a small paper cup   _____   _____ _____ _____

9. For liquid medication, pour the correct dose into   _____   _____ _____ _____
the plastic measuring cup held at eye level
   - View the medication in the cup
     on a flat surface   _____   _____ _____ _____
   - Pour away from the medication
     label to avoid spills   _____   _____ _____ _____
   - If any spills on the bottle, wipe away   _____   _____ _____ _____
              OR
   When using a measuring spoon:
   - Locate the marking for the dose   _____   _____ _____ _____
   - Hold the device at eye level and
     fill to the correct dosage marking   _____   _____ _____ _____
   - Pour away from the medication
     label to avoid spills   _____   _____ _____ _____
   - If any spills on the bottle, wipe away   _____   _____ _____ _____

Revised 4/01/02

SKILL CHECK #1 WORKSHEET
Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications

Please initial each step when completed correctly	Partner Check	Teacher Check		
		Attempt #1	Attempt #2	Attempt #3

STEPS

10. Talk with the person you are assisting about what you are doing and about why he or she is taking each medication   _____   _____ _____ _____

11. Again, just before putting the medication within the person's reach, read the medication label and compare to the Medication Log for the: _____   _____ _____ _____

- Right Person

- Right Medication

- Right Dose

- Right Time
  Check the time on your watch/clock

- Right Route

12. Place the medication within the person's reach   _____   _____ _____ _____

13. Offer a glass of water   _____   _____ _____ _____

14. Make sure that the person takes the medication and drinks water   _____   _____ _____ _____

15. Record that the person took their medication by initialing the date and time in the proper box on the Medication Log   _____   _____ _____ _____

16. Return the medication containers and bubble pack to the person's storage unit. As you do so, read the labels to check that the person's name on the medication container label is the same as the name on the storage unit.   _____   _____ _____ _____

Revised 4/01/02

Direct Support Professional (DSP) Training
SKILL CHECK #1
Assisting Individuals With Self Administration of Tablets, Capsules, and Liquid Medications
CERTIFICATION

This is to certify that (Name of Student)_____

correctly completed all of the steps for *Assisting Individuals With Self Administration of*

Tablets,Capsules and Liquids.

Teacher Signature: _____**Date :**_____

Comments:_____

_____

_____

_____

Facility Name/Address/Phone: Molina Family Home, 123 Main Street, Any City, CA 90000 (Ph: 123-4567)

MEDICATION LOG

Name: Jacob Smith	Insurance Co: Medi-Cal	Insurance #:N/A	Medical #: 000111	" Medicare #: N/A

Drug/Strength/Form/Dose	Hour	Month & Year :														Date:															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 000-000-0000 Fax: 000-000-0000 Rx: 10387 Dr. Diaz Patient: Jacob Smith 05/15/01 TAKE ONE TABLET ORALLY AM FOR SEIZURES (8AM) Discard by: 06/01/02 Filled by: BRS QTY: 30 Refills: 2 TIGGYETOL 400 mg TABLET	8:00a																																
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 000-000-0000 Fax: 000-000-0000 Rx: 10483 Dr. Anderson Patient: Jacob Smith 06/04/01 TAKE ONE TABLET ORALLY EVERY EIGHT HOURS FOR TEN DAYS FOR BRONCHITIS (8AM, 4PM, 12AM) Discard by: 07/01/02 Filled by: BRS QTY: 30 Refills: 0 AMAXICILLIN 250mg TABLET																																	
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 000-000-0000 Fax: 000-000-0000 Rx: 10484 Dr. Anderson Patient: Jacob Smith 06/04/01 Liquid: TAKE 5cc EVERY SIX HOURS FOR COUGH (2AM, 8AM, 2PM, 8PM) Discard by: 07/01/02 Filled by: BRS QTY: 100CC Refills: 0 RUBYTUSSIN																																	

Primary care physician: Dr. Anderson   Pharmacy: ABC Pharmacy   Allergies: None

Legend : Initials Means Medication Given   D=Day Program   H=Relative or Friend's Home   E=Elsewhere

Signatures and Initials: _____FOR_____   _____FOR_____

___FOR_____

MEDICATION ERROR LOG

Date	Time	Medication & Dosage (Erro or Omission)	What Happened, Consumer Response, and Actions Taken by Staff	Who was notified, e.g., Physician, Administrator, Emergency Services, etc.	Signature of person making report

INSTRUCTIONS FOR USE: Circle date and time of error or omission on reverse side. Complete report on each error or omission indicated on this page.

Resource Guide

Key Word Dictionary
Wellness: Medication
Session #10

Documentation

Documentation is the written recording of events, observations and care provided.

Drug (Medication) Interactions

Drug interactions are the pharmacological result, either desirable or undesirable, of drugs interacting with themselves, other drugs, foods, alcohol, or other substances, such as herbs or other nutrients.

Generic Name

Generic name is the name given by the federal government to a drug.

Medication Error

Medication error is any time that the right medications is not administered to the right person in the right amount at the right time and by the right route or method (as prescribed).

Medications

Medications are substances taken into the body (or applied to) for the purpose of prevention, treatment, relief of symptoms, or cure.

Ophthalmic

Ophthalmic refers to the eyes.

Otic

Otic refers to the ears.

Over-the-Counter Medications

Over-the-counter medications which can be purchased without a prescription.

Pharmacy

Pharmacy is the practice of preparing and dispensing drugs. The physical building where drugs are dispensed is referred to as the pharmacy or drug store.

Pharmacist
Pharmacist is a licensed individual who prepares and dispenses drugs and is knowledgeable about their contents, side effects and interactions with other medications and foods.

Physicians
Physicians are medical doctors.

Prescription Medications
Prescription medications must be ordered by a physician (or other person with authority to write prescriptions).

PRN
PRN (pro re nata) stands for "as necessary."

Self-Administration
Self-administration of medications is the independent management of one's medication. Individuals must be able to recognize and understand why they are taking each medication.

Side Effects
Side effects are effects produced by the medication other than the one for which it was prescribed. Side effects may be desirable or undesirable, predictable or unpredictable, harmless or dangerous, sometimes even deadly (fatal).

Trade Name
Trade name, or brand name, is the name given by the manufacturer to a drug.

References for
Wellness: Medication

Drugs and Disabilities: Handle with Care (2000)
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Medication Safety Guidelines (2000).
by Association of Regional Center Agencies, California Department of Developmental Services, and California Department of Social Services, a collaborative effort.

Medication Administration, Wellness Digest, Vol 1, Number 2 (1999)
by California Department of Developmental Services.

Medications and Medication Administration. A training for Regional Center Service Coordinators and Community Care Licensing Program Analysts (1999)
by Jann, Mary, RN; Lear, Clair, RN; Anamizu, Ed, Pharm D. (1999).

North Dakota Statewide Direct Care Staff Training: Medication Training (1996)
by North Dakota Center For Disabilities.

One Little Pill One Big Responsibility (1999)
by Stillwell, Lynn, RN; Stillwell, James; McGowan Publications.

Providing Residential Services in Community Settings: A Training Guide (1995)
by Michigan Department of Community Health.

If You Want to Read More About
Wellness: Medication

The Pill Book: The Illustrated Guide to the Most-Prescribed Drugs in the United States (1998).
by Silverman, Harold M., editor. Bantam Books.

The Pill Book Guide to Over-The-Counter Medications (1997).
by Rapp, Robert P., editor. Bantam Books.

The American Pharmaceutical Association's Guide to Prescription Drugs (1998).
by Sullivan, Donald. Signet, Penguin Putnam, Inc.

The PDR Family Guide to Over-The-Counter Drugs (1997).
Ballantine Books.

Dangerous Drug Interactions (1999)
by Graedon, Joe and Graedon, Teresa. St. Martin's Paperbacks.
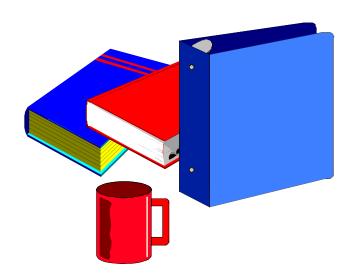
Nursing Drug Handbook (2000).
by Hodgson, Barbara B. and Kizior, Robert J. Saunders WB.

Direct Support Professional Training
Year 2

Teacher's
Resource Guide

Session #11
Wellness:
Promoting Good Health

Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services

2000

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Communication, Problem-Solving and Conflict Resolution	3 hours
5	Positive Behavior Support: Understanding Behavior as Communication	3 hours
6	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
7	Teaching Strategies: Personalizing Skill Development	3 hours
8	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
9	Supporting Quality Life Transitions	3 hours
10	Wellness: Medication	3 hours
11	**Wellness: Promoting Good Health**	**3 hours**
12	Assessment	2 hours
	Total Class Sessions	**12**
	Total Class Time	**35 hours**

Session: 11

Topic: Wellness: Promoting Good Health

Core
Objectives: Upon completion of this session, the DSP should be able to:

1. Demonstrate correct hand washing techniques
2. Explain and demonstrate the use of Standard Precautions
3. Identify signs and symptoms of illness and or injury
4. State six principles of care
5. Demonstrate supporting and or assisting an individual with personal care

Time:

Introduction and Key Words	5 minutes
Health History	10 minutes
Assessing for Illness and Injury	20 minutes
Reporting Guidelines	20 minutes
Prevention of the Spread of Germs	20 minutes
BREAK (includes activity)	20 minutes
Standard Precautions	30 minutes
Disinfecting	10 minutes
Principles of Care	15 minutes
Personal Care	10 minutes
Personal Care Skill Activities and *Practice Questions*	20 minutes
Total Time	180 minutes

Materials:
- Overhead Projector or LCD Projector with compatible laptop computer and Powerpoint application;
- Hard copy of overheads or disk with Powerpoint presentation;
- Some blank overheads, a flipchart, or chalkboard with markers, chalk, etc.;
- *Resource Guide* for all class participants;
- Liquid/bar soap and/or other props for skill sheets;
- Disposable gloves;
- Wash cloths or paper towels; and,
- Blank white paper (8.5 x 11)

<div style="border: 2px solid black; padding: 20px;">

Cautionary Statement

The material in this module is not intended to be medical advice on personal health matters. Medical advice should be obtained from a licensed physician. This module highlights several prevention and safety measures. We urge you to talk with nurses, dietitians, and other safety and health care professionals to broaden your understanding of the fundamentals covered in this module.

</div>

Preparation

Instructor should read over the presentation outline, becoming thoroughly familiar with the information and instructions for the presentation. The information could be presented verbatim or paraphrased, as long as the essential information is conveyed.

Introduction

Do
Show overhead #1

Say

Welcome to Session 11 of the DSP training. This session has many activities and should be a fun, busy last day of training. Let's get started.

In the last session we learned about guidelines for handling medication and assisting individuals with the self-administration of medications. We also learned about observing and looking for potential drug side effects and interactions. Some of this was review from Year I and some of it was new information.

Does anyone have any questions about our last session before we begin?

In today's session, we will learn about healthcare fundamentals including the

Your Presentation Notes

Session 11:
Wellness

Promoting Good Health

Session #11, Overhead 1

importance of health histories, ongoing documentation, the practice of standard precautions, recognition of signs and symptoms of illness or injury, and supporting people in good personal hygiene. Again some of this information is review, and some of it is new.

Key Words

Do

Show overheads #2 and #3

Say

These are the key words for today. (Refer to the page number in the Resource Guide.)

- Assess
- Health History
- Documenting
- Standard (Universal) Precautions
- Germs
- Infection
- Disinfect
- Signs and Symptoms
- Principles of Care
- Personal Care
- Dignity
- Privacy
- Mouth Care
- Plaque

Remember, you can find the definitions of these words at the end of the *Resource Guide* for this session and in the guide for Session #12.

Your Presentation Notes

Key Words

- Assess
- Health History
- Documenting
- Standard (Universal) Precautions
- Germs
- Infection
- Disinfect

Session #11, Overhead 2

Key Words

- Signs and Symptoms
- Principles of Care
- Personal Care
- Dignity
- Privacy
- Mouth Care
- Plaque

Session #11, Overhead 3

Throughout this session, we will talk about the key words, what they mean and how they apply to your job as a DSP!

Do
Show Overhead #4

Say
I would like to share a word of caution about this session.

- The information in this session is not intended to be medical advice.

- Medical advice should be obtained from a licensed physician.

- We urge you to talk to health care professionals about the fundamentals covered in this session.

A Health History

Say
As the DSP you need to know the health history of every person with whom you work. You need to know what their health care needs are and if there are any special needs or concerns. You need to know both past and present concerns. And you need to

Your Presentation Notes

A Note of Caution

- The information in this session is not intended to be medical advice.
- Medical advice should be obtained from a licensed physician.
- We urge you to talk to health care professionals about the fundamentals covered in this session.

Session #11, Overhead 4

know where this information can be physically located. Each individual in your home should have a written Health History.

Say

You will find a copy of **Key Elements of a Health History** in the *Worksheets and Activities Section* of your *Resource Guide* (please refer to the page number).

Do

Show overhead #5 and #6

The Health History should include at least the following:

1. Information about past and present illness
2. Family history
3. History of medications
4. Physician's and dentist's name, address, and telephone numbers
5. Allergies
6. Physician reports
7. Family information, including emergency contacts
8. Conservator or guardianship information (name, address, and telephone number, as appropriate)
9. Conservator or guardianship papers (for example, court documents)
10. Regional center service coordinator name, address, and telephone numbers

The Health History should initially be

Your Presentation Notes

Health History

- Information about past and present illness
- Family history
- History of medications
- Physician's and dentist's name, address and telephone number
- Allergies
- Physician reports

Session #11, Overhead 5

Health History

- Family information, including emergency contacts
- Conservator or guardian's name and contact information
- Conservator or guardianship papers
- Regional center service coordinator contact information

Session #11, Overhead 6

Key Elements of a Health History

1. Information about past and present illness

2. Family history

3. History of medications

4. Physician's and dentist's name, address, and telephone numbers

5. Allergies

6. Physician reports

7. Family information, including emergency contacts

8. Conservator or guardianship information (name, address, and telephone number, as appropriate)

9. Conservator or guardianship papers (for example, court documents)

10. Regional center service coordinator name, address, and telephone numbers

11.

12.

13.

developed by the individual and their support team and include people who know the individual well, e.g. family members, previous caregivers, health care providers, physicians, dentist, nurse, etc. and regional center service coordinator. Others may need to be included.

Ask

Can you think of some others who might have important information about a persons health care needs? Can you think of any other information that might be important to add to this list?

Note: Participants may mention teachers, day care support staff, other health care professionals (for example, physical therapist, psychiatrist etc.), job coach. As suggestions are made, write them on a flip chart or overhead and encourage participants to add them to their list.

Say

The Health History is typically located in an individual's record. It is important that you know where this information is kept in the home in which you work. You will need to be able to refer to this information on a routine and possibly an emergency basis. Health History information is critical in planning to meet present and future needs.

Your Presentation Notes

Assessing Ongoing Health Care Needs

Say

The Health History should be viewed as a living document that needs to be continuously updated with new information about the individual's health care needs. Not only do you need to know the health of every person you work with, but you need to use that information to help in assessing current and future health care needs.

As a DSP, you have opportunities throughout the day to assess an individuals health care needs. The word assess means to recognize changes in an individual. Changes can be anything that is different about the individual. Your knowledge of an individual's health history and daily routines will help you to recognize when there are changes. A change may be a sign or symptom of an illness or injury.

Do
Show overhead #7

Say

There are four skills that one uses to assess for health care needs - or signs and symptoms of illness or injury.

Your Presentation Notes

4 Skills

To Assess for Signs and Symptoms:

- LISTENING
- QUESTIONING
- OBSERVING
- DOCUMENTING

Session #11, Overhead 7

- Listening
- Questioning
- Observing
- Documenting

Remember that we have said that people communicate in many ways, both verbally (spoken) and non-verbally (behavior), or both. The DSP must always **LISTEN** to the individual and make every effort to understand what the words or behaviors are communicating. When a person is able to say "I feel sick", the meaning may be obvious. But when a person is yelling, crying, acting differently or breathing heavily, the meaning may be less clear. The key is to look for changes in the ways a person is communicating. For example, you might be listening to a person who rarely cries. The individual has been crying off and on for the last hour. This is a change that may mean that the person is ill or injured in some way.

The DSP may also need to ask the individual **QUESTIONS** about their complaints or symptoms. Knowing something about the individual's health history will help give the DSP some direction for the questions. You may want to ask about any changes you have seen or suspect such as pain, difficulty breathing, tiredness, rash, or any changes in eating habits. For example, the DSP might see an individual pulling on his or her ear. This individual has frequent ear infections.

Your Presentation Notes

The DSP could ask the individual if he or she is having pain in his or her ear.

While listening and questioning, DSPs should use their eyes or the sense of smell to **OBSERVE** for other sign or symptoms. The DSP may become aware of unusual or unpleasant odors coming from the individual's breath, body or body fluids. Other signs or symptoms may include rash, redness, moist skin, tear streaked face, swelling, limping, or unusual drainage. For example; the DSP assists an individual with his or her daily bathing. One particular morning while assisting the individual into the bathtub, the DSP notices red blotches around the individual's stomach. This redness may indicate illness, allergy or infection and medical attention may be needed. You may be seeing signs of physical abuse. You would get medical attention if needed <u>and</u> follow reporting requirements.

For example, contacting local child or adult protective services, and completing written follow-up reports known as Special Incident Reports (SIRs). You can refer to Year One Direct Support Professional Training Session #10 for details and/or talk to your administrator if you have questions about reporting requirements. A copy of the Year One Information Brief on Protection from Abuse can be found in the Worksheet and

Your Presentation Notes

Activity section of your *Resource Guide* (refer to page numbers). Note: A copy of this section can be found at the end of this guide.

The DSP can assist the individual in obtaining the best in necessary medical and dental services by keeping accurate information about signs and symptoms current in each individuals record. All of the information about an individual's health care needs which you gather while **listening, questioning, and observing** should be **DOCUMENTED**. Each individual must be assured of medical and dental services to meet their individual health care needs.
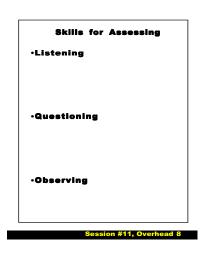
Do
Show overhead #8

Say
You will find a copy of **Skills for Assessing** in the *Worksheets and Activities* section of your *Resource Guide* (please refer to the page number).

Remember, the word assess means to recognize changes in an individual. Changes can be anything that is different about the individual. A change may be a sign or symptom of an illness or injury.

A major role of the DSP is to recognize when there are changes in an

Your Presentation Notes

```
  Skills for Assessing
•Listening



•Questioning



•Observing
```
Session #11, Overhead 8

Skills for Assessing

Resource Guide

• **Listening**

• **Questioning**

• **Observing**

individual's daily routine (sleeping longer, eating less) or health (runny nose, cough, limping) and to get the necessary assistance or professional care for the individual. This may include a physician's evaluation. Obtaining immediate care or assistance, will also help prevent the spread of germs, should the individual have an infection.

Let's take about 5 minutes to write some examples of individual changes that you might hear, ask about or see. Then, we will practice documenting those changes.

After about 5 minutes-

Say
Let's share our answers now. We'll start with changes you may notice that might indicate illness.

Do
Using a clean transparency of the Skills for Assessing worksheet or a flip chart, have the participants share their answers. Encourage the participants to fill in their worksheets as you add correct information to each of the 3 sections of assessment skills.

Your Presentation Notes

Do

The list should include some of the following responses. Answers may fit into one or more categories:

- Runny nose

- Vomiting

- Diarrhea

- Cough

- Bleeding

- Fever, chills

- Change in activity level

- Change in appetite

- Oozing or drainage from the eyes, ears

- Skin rash

- Shortness of breath, wheezing

- Irritability, confusion

- Change in bowels

- Change in urine color or odor

- Vaginal discharge, odor

- Sleeping more

- Sleeping less

Your Presentation Notes

Say

Who can give me an example of a sign of an injury?

Do

Continue to add answers to the skill sheet. The list should include some of the following:

- Bruise

- Pain

- Limited movement

- Swelling

- Redness

- Tenderness

- Open wound

- Exposed bone

- Crying

- Facial grimace

Reporting Guidelines for Illness and/or Injury

Say

Let's say, you have been working with an individual and you are familiar with the individual's Health History. The individual's record states he or she has a history of getting pneumonia. When you came to

Your Presentation Notes

work this morning you observed the individual walking slower than usual. You walked up to the individual and asked them how he or she was doing. The individual indicated that they were very tired. While standing near the individual you noticed that their face was flushed. The individual's temperature was taken and the number reading was 100 degrees F.

Ask

What is this person's health history?
(Individual has a history pneumonia)

What are the changes or signs and symptoms that I just described? (Individual was walking slower than usual, indicated they were tired, flushed face, above normal temperature).
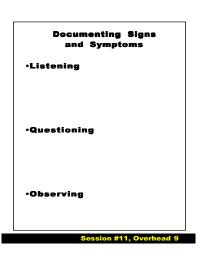
Do
Show overhead #9

Ask

How would you document these signs and symptoms? It is important to document facts, identify the individual, and the DSP making the observations.

Fill in answers on the overhead.
Listening - Individual said they were tired

Questioning - When DSP asked how they felt, individual said tired

Your Presentation Notes

Documenting Signs and Symptoms

•Listening

•Questioning

•Observing

Session #11, Overhead 9

Documenting Signs and Symptoms

• Listening

• Questioning

• Observing

Observing - Individual was walking slow, face was flushed, had a temperature

Ask

So, what is the next step? Participants should answer, contact the individual's physician and your supervisor.

How do you know when and what to report to the physician and to your supervisor about the signs and symptoms you observed?

Do

Show overhead #10

Say

When deciding what to report, focus on the word CHANGE. Report what you see, hear, smell, touch, that are changes in the individual's mental, physical or emotional situation. Always, when in doubt, report.

Do

Show overheads #11, #12, #13 and #14

Say

There are some guidelines for information that should be reported when you notice changes in an individual. This is the guideline for giving information to both the physician/ dentist and your supervisor when reporting the illness or injury of an individual where you work. You will find a copy of **Reporting**

Your Presentation Notes

Changes

- Report any changes that you see, hear, smell, or touch
- Report any changes in the individual's mental, physical, or emotional situation
- When in doubt, report

Session #11, Overhead 10

Reporting Guidelines

- State what the individual claims is wrong
- Describe how the individual appears physically
- State when the symptoms first began or were noticed
- Describe any changes in the individual's eating habits the individual's behavior

Session #11, Overhead 11

Reporting Guidelines

- Describe any vomiting, diarrhea or urinary problems
- Report any recent history of similar symptoms
- Provide list of current medications
- Provide list of known allergies

Session #11, Overhead 12

Reporting Guidelines for
Signs and Symptoms

- **State what the individual claims is wrong**

- **Describe how the individual appears physically**

- **State when the symptoms first began or were noticed**

- **Describe any changes in the individual's eating habits**

- **Describe any changes in the individual's behavior**

- **Describe any vomiting, diarrhea or urinary problems**

- **Report any recent history of similar symptoms**

- **Provide list of current medications**

- **Provide list of known allergies**

- **Describe how injury happened**

- **Describe any visible bleeding or swelling, how much and how fast**

- **Describe any lack of movement or inability to move body parts**

- **Describe size of wound or injury**

- **Report pulse, temperature and blood pressure (if obtainable)**

- **State the facts**

Guidelines for Illness and/or Injury in the *Worksheets and Activities* section of your *Resource Guide* (please refer to the page number). Depending on the illness or injury, you may need to follow some or all of the guidelines. We will go over these now.

Do

Read through the statements with the participants.

Say

Are there any questions?

REMEMBER: If the *Reporting Guidelines* lead you to know or reasonably suspect the possibility of abuse or neglect of an individual, you must follow the reporting guidelines mandated by law. Again, refer to your Worksheet and Activities section of your *Resource Guide* (refer to the pages) for specific instructions.

Notice that the guidelines say "State the facts". I am going to read several statements a DSP reported to a physician. If you believe the statement is a fact, STAND UP after each statement. If you believe the statement was an opinion, REMAIN SEATED after each statement.

Your Presentation Notes

Reporting Guidelines

- Describe how injury happened
- Describe any visible bleeding or swelling, how much and how fast
- Describe any lack of movement or inability to move body parts

Session #11, Overhead 13

Reporting Guidelines

- Describe size of wound or injury
- Report pulse, temperature and blood pressure (if obtainable)
- State the facts

Session #11, Overhead 14

READ

"I think Mr. Abba is walking funny."
(Opinion)

"Mrs. Chu weighs 250 pounds." (Fact)

"Johnny did not eat his dinner last night."
(Fact)

"Sara must miss her cat." (Opinion)

"I bet Juan gained weight because he is
probably snacking on candy." (Opinion)

"Charles has a dry, hacking cough." (Fact)

"Romero has a temperature of 103
degrees F." (Fact)

"Natasha is probably outside smoking a
cigarette." (Opinion)

"Tabatha cried all day." (Fact)

"Mr. Brown has not been remembering
things like what time dinner is served or
where he leaves his eye glasses." (Fact)

Standard (Universal) Precautions

Say
Let's review some information on the spread
of germs and some ways we can prevent the
spread of infection.

There are millions of germs (microorganisms)
around us every day. Many of the germs are

| Your Presentation Notes |

harmless and are needed for our bodies to function in a healthy way. For example, certain kinds of germs or bacteria are needed for the digestion of food and for the elimination of waste products (feces and urine) from our bodies. Other germs however, can cause illness or infection.
It is important to remember that germs need warmth, moisture, darkness, oxygen and food to live and grow.

The three most common ways that germs are spread in the environment are through:

1. Direct contact;
2. Indirect contact; and
3. Droplet spread.

Knowing how germs are spread is very important. If we know how germs are spread, we can learn ways to help prevent the spread of germs that cause illness and infection and to protect both ourselves and the individuals with whom we work.

Can someone tell us what direct contact means? (Germs are spread from one person to another person)

Can someone else tell us what indirect contact means? (Germs are spread from one person to an object and then to another person)

Your Presentation Notes

Who can tell us what droplet spread refers to? (Germs are spread through the air)

Let's see how many examples we can identify for the direct, indirect and droplet spread of germs!

Do
Show Overhead #15

Say
You will find a copy of **How Germs are Spread** in the *Worksheets and Activities* section of your *Resource Guide* (please refer to the page number).

Working with the other people at your table, list several ways that germs can be spread under each of the headings; direct contact, indirect contact and droplet spread. This can include germs where you live, work and play.

Wait about 5 minutes

Say
Great! It looks like you have some good ideas written down. Let's share them with the class. I will make a list of your answers. If you see some answers that you don't have down on your paper, you can add these to your list. Don't forget, your worksheet and activity papers are yours to study and for future reference as you work as a DSP!

Your Presentation Notes

How Germs Are Spread		
Direct Contact (Person-to-Person)	Indirect Contact (Person-to-Object-to-Person)	Droplet Spread (Through-the-Air)

Session #11, Overhead 15

Your Presentation Notes

Do

List participant answers in the correct columns. You may need to redirect some answers that are listed incorrectly. Encourage participants to write all the answers down on their worksheets as you proceed with the exercise. Below are answers you will want to include.

Direct Contact (Person to Person)
Touching
Contact with infected body
Body fluids
Insect bites
Saliva

Indirect Contact (Person to Object to Person)
Eating contaminated foods
Handling soiled linen
Handling soiled equipment
Using soiled utensils/cups
Drinking or using contaminated water

Droplet Spread (Through the Air)
Talking
Coughing
Sneezing

Say

Knowing how germs are spread is only the first step in practicing infection control and preventing illness. Knowing how to control the spread of germs is the second step. There are many ways all of us can help control the spread of germs.

Do
Show overhead #16

Always Wash Your Hands

To prevent the spread of germs, frequent and thorough hand-washing is considered the most important single thing a person can do.

Know the Correct Precautions for Infection Control

Standard Precautions are ways of making sure that every person who has direct contact with body fluids will be protected in case the fluids are infectious or carry disease.

Keep Yourself, the Individual and the Environment Clean

One should be careful not to transfer infection to others, and, equally important, one should be careful not to be infected by others. Being clean, assisting the individuals you work with to maintain personal hygiene, and keeping the home where you work clean and germ free, are all very important for everyone.

Know the Signs and Symptoms of Infection

Recognizing that changes in an individual's energy, appetite, skin color, body temperature, to name a few, may be a sign or symptom of infection or illness. It is

Your Presentation Notes

Control the Spread of Germs

- Always Wash your Hands
- Know the Correct Precautions for Infection Control
- Keep Yourself, the Individual and the Environment Clean
- Be Aware of Signs and Symptoms of Infection and Report Them

Session #11, Overhead 16

important to recognize these signs and symptoms early and document and report them to the supervisor and the individual's physician to ensure proper diagnoses and treatment and to prevent the further spread of germs.

Hand-washing

Do

Pass out a blank sheet of paper to all participants

Say

We will talk about hand-washing first. **Hand-washing is the most effective way to prevent the spread of infection.**

Say
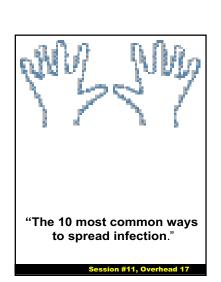
Please put your hands on the blank sheet of paper. Spread your fingers out and quickly draw around the outline of your hands and fingers. At the bottom of the page write "The 10 most common ways to spread infection."

Do
Show overheads #17

Say

You should have something that looks like this. You can take this piece of paper home and share it with your family, friends, and co-

Your Presentation Notes

"The 10 most common ways to spread infection."

workers. Since your hands and fingers are the most important means for the spread of germs, it follows that handwashing is the most effective way to prevent the spread of infection.

Say

Did you know there are at least eight different times during the day when you should wash your hands? I will give you a few minutes to see if you can list some or all eight of the situations. Put your answers on the back of your hand drawing.

After a few minutes, say . . .

Say

You will find a copy of the **I Should Wash My Hands** worksheet in the *Worksheets and Activities* section of your *Resource Guide* (please refer to the page number).

Do
Show overheads #18 and #19

Say

Look at your lists and the list I have on the screen. Did anyone get all of the eight times during the day when you should wash your hands?   (You might acknowledge the DSPs that got all eight on the list with a round of applause)   Certainly, there can be other times during the day that hand-washing

Your Presentation Notes

When to Hand-wash!

A few examples:
- **When coming to work**
- **Before and after any contact with an individual**
- **After going to the bathroom**
- **After coughing or sneezing**

Session #11, Overhead 18

When to Hand-wash!

More examples:
- **After smoking**
- **Before handling food**
- **Before and after wearing disposable gloves**
- **Before going home**

Session #11, Overhead 19

would be important. Does anyone have more ideas that we can add to this list?

Do

Add the additional suggestions to your list and encourage the participants to complete their worksheets with the answers as you add them to the overhead or a blank transparency.

Say

Now that we have talked about the importance of hand-washing we will work in groups of two to complete an activity on hand-washing.

Do

Show overhead #20 and #21

Say

You will find a copy of Skill Sheet #1, **Hand-washing** in the *Worksheets and Activities* section of your *Resource Guide* (please refer to the page number). At the top of the skill sheet you are reminded of some of the times it is important to wash your hands. The supplies that you might need for hand-washing are also listed.

Do

With a volunteer participant as your partner, demonstrate the steps to completing the skill and how to check off each step on the skill

Your Presentation Notes

Skill Sheet #1
Hand-Washing

Name: _____
Date: _____

Attention: Remember to wash your hands:

1. When coming to work
2. Before and after any contact with an individual
3. Before handling any food
4. After going to the bathroom
5. After coughing or sneezing
6. After smoking
7. Before and after wearing disposable gloves
8. Before going home

Supplies:
1. Sink
2. Water
3. Soap
4. Towel

Session #11, Overhead 20

Procedure
Hand-washing

Steps	Partner Check	Instructor Check
1. Remove watch or push up on your forearm, remove rings and bracelets. Roll up sleeves.	❑	❑
2. Turn on water and adjust temperature.	❑	❑
3. Wet your hands and wrists. Apply soap.	❑	❑
4. Hold your hands lower than your elbows and rub your hands to make a suds.	❑	❑
5. Wash your hands vigorously and thoroughly.	❑	❑
• Wrists (grasp with opposite hand and twist wrist between fingers of hand)		
• Palms and backs of hands		
• Between fingers		
• Nails (rub against palms of hands or with personal nail brush)		
6. Rinse your hands and wrists, keeping your wrists and hands below your elbows.	❑	❑
7. Dry your wrists and hands thoroughly with a clean towel or paper towel.	❑	❑
8. Use a clean paper towel to turn off faucet.	❑	❑
9. Throw used towel away.	❑	❑

Session #11, Overhead 21

SKILL SHEET #1 HAND-WASHING

Name: _____   Date: _____

Attention: Remember to wash your hands:
1. When coming to work
2. Before and after any contact with an individual
3. Before handling any food
4. After going to the bathroom
5. After coughing or sneezing
6. After smoking
7. Before and after wearing disposable gloves
8. Before going home

Supplies: 1. Sink
2. Water
3. Soap
4. Towel

PROCEDURE
(Hand-washing)

STEPS	Partner Check	Instructor Check
1. **Remove watch or push up on your forearm, remove rings and bracelets. Roll up sleeves.**	❑	❑
Note: If the watch cannot be worn above the wrists, the watch should be kept in your pocket to prevent contamination. Why? Hand-washing includes the wrists.		
2. **Turn on water and adjust temperature.**	❑	❑
Note: Use a clean paper towel to turn the water faucet off and on. Why? Faucets may indirectly transfer germs.		

STEPS	Partner Check	Instructor Check

3. **Wet your hands and wrists. Apply soap.** ❑ ❑

Note: If you are using bar soap, rinse
the soap before using it.
Why? Soap can indirectly transfer germs.

4. **Hold your hands lower than your elbows**
and rub your hands to make suds. ❑ ❑

Why? This will help water to run from the
clean area of the forearm to the dirty area
of the fingers.

5. **Wash your hands vigorously and thoroughly.** ❑ ❑
   - Wrists (grasp with opposite hand and
     twist wrist between thumbs and fingers
     of hand)
   - Palms and backs of hands
   - Between fingers
   - Nails (rub against palms of hands or
     with personal nail brush)
   - Repeat with both hands

Why? This makes sure all areas of the wrist
and hands are cleaned.

6. **Rinse your wrists and hands, keeping your**
wrists and hands below your elbows. ❑ ❑

Why? Removes and loosens dirt and germs.
Washes contaminated suds and water away
from clean skin.

7. **Dry your wrists and hands thoroughly**
with a clean towel or paper towel. ❑ ❑

Why? Prevents chapping of hands.

8. **Use a clean paper towel to turn off faucet.** ❑ ❑

Why? Touching the faucet and/or sink will
contaminate clean hands.

9. **Throw used towel away.** ❑ ❑

Note: Use a clean paper towel to open the door
if leaving the bathroom.

sheet in front of the class. Talk your way through the steps as you perform them so the participants clearly understand how to use the skill sheet. Be sure to include the "Notes" under each numbered skill as you demonstrate for further understanding.

We will do this activity in the restrooms of this building. Pass out soap and paper towels, if needed.

Say

Let's begin the activity. Pick a partner. Start with one of you demonstrating the steps while your partner observes. When you complete the skill correctly, your partner will check the appropriate box.   When the first partner has completed the entire list of steps and has successfully demonstrated the procedure for hand-washing, change places. The first partner will now observe and check off the second partner as he or she successfully completes each step of the skill. Are there any questions on how you will complete this activity and skill sheet? (**Note:** In order to accommodate students not of your gender - you might ask a DSP to act as the "Instructor" for going into the male/ female bathroom.)

BREAK for 20 minutes (do activity during break)

| Your Presentation Notes |

Do

Walk around and assist as needed. Observe each participant for correctly completing the steps before signing off.

Standard Precautions

Say

We have now learned one important way to help prevent the spread of germs; frequent and thorough hand-washing. Can anyone tell the class another very important way to prevent the spread of germs? (The participants might say: Universal Precautions, Standard Precautions, or use of gloves.)

Correct! An other important way of preventing the spread of germs is called Standard Precautions. This is a specific approach to infection control.

Do
Show overhead #22

Say

Standard Precautions are ways of making sure that every person who has direct contact with body fluids (e.g., urine, feces, tears, saliva, and blood) will be protected in case the fluids are infectious or carry a disease. Standard Precautions are especially important to prevent the transmission of blood-borne and other infectious diseases.

Your Presentation Notes

Standard Precautions

Standard Precautions are ways of making sure that every person who has direct contact with body fluids will be protected in case the fluids are infected or carry a disease.

Standard Precautions are especially important to prevent the transmission of blood-borne and other infectious diseases.

Session #11, Overhead 22

After reading through the overhead-

Say

These precautions apply to all blood, all body fluids, secretions and excretions (except sweat), whether or not they contain visible blood. These precautions also apply to mucous membranes and where there is a cut or an abrasion.

Standard Precautions include the wearing of disposable (single-use) latex gloves.

Gloves must be changed after each use. New gloves are used for each person and properly disposed. Gloves should be used once and only once for each person. Otherwise the gloves themselves become contaminated and a means for the spread of germs.

You should wash your hands each time you use gloves. When you are ready to assist another individual, use a new pair of disposable gloves. If any blood or bodily fluid from the gloves touches your skin, or if a glove breaks, simply take it off, and vigorously and thoroughly wash your hands.

Note: Some people are allergic to the latex in gloves. Special, non-latex gloves can be purchased.

Your Presentation Notes

Do

Show overhead #23 and #24

Say

Standard Precautions include the use of disposable gloves during any of the following activities:

- Cleaning rectal or genital area

- Giving mouth care

- Shaving with a blade razor

- Cleaning bathrooms

- Cleaning up urine, feces, vomit or blood

- Providing or assisting with menstrual care

- Providing wound care

- Handling soiled linen or clothing

- Giving care when the DSP has open cuts or oozing sores on his or her hands

- Disposing of waste in leakproof, airtight container

It is always recommended that you wear disposable gloves when assisting any individual with toileting, bathing or showering.

Your Presentation Notes

Using Standard Precautions

- Cleaning rectal or genital area
- Giving mouth care
- Shaving with a blade razor
- Cleaning bathrooms
- Cleaning up urine, feces, vomit or blood
- Providing menstrual care

Session #11, Overhead 23

Using Standard Precautions

- Providing wound care
- Handling soiled linen or clothing
- Giving care when the DSP has open cuts or oozing sores on his or her hands
- Disposing of waste in leakproof, airtight container

Session #11, Overhead 24

Disposable Gloves

Say

Putting on disposable glove and taking them off correctly is especially important to preventing the spread of germs and infections.

Do

Follow the teacher's instructions for Skill Check #2 on the following page.

Your Presentation Notes

Direct Support Professional (DSP) Training
SKILL CHECK #2
Gloving
TEACHER INSTRUCTIONS

PRE-CLASS ACTIVITIES:

1.   Gather all of the necessary supplies for skill check. Supplies are needed for practice and skill check.

    Water, soap and paper towels for hand washing
    New NON-LATEX disposable gloves: At least two pairs per person - one for practice and one for final skill check. [*Note: NON-LATEX gloves are recommended as some individuals have a serious allergy to Latex*.]
    Waste container
    Skill Check #2 worksheets
    Hand Washing and Gloving Video

2.   Put all supplies in central area in the classroom.

CLASSROOM ACTIVITIES:

1.   In Session 11, review procedures for gloving in Session 11.

2.   View *Hand Washing and Gloving* Video.

3.   Demonstrate procedures on *Skill Sheet # 2 Worksheet, Gloving.*

4.   Instruct students to choose a partner and to practice procedures for gloving using *Skill Check #2 Worksheet.* The student should check off each step correctly completed by his or her partner (Partner Check). When the student is comfortable that he or she knows all of the steps, the student should ask the teacher to complete the Teacher Check. [*Note: Students may reuse gloves during this practice session. Remind students that in a real-life situation, gloves would never be reused.*]

5.   Using the *Worksheet*, observe the student and check off each step correctly completed (Teacher Check).   After certifying that the student has completed all the steps in the skill sequence correctly from beginning to end (Teacher Check), sign and date the *Skill Check #2 Certification* form. The student is limited to three attempts. The student should not use the *Worksheet* during the Teacher Check.

COMPETENCY: Each student is required to complete *Skill Check #2 Worksheet, Gloving,* with no errors.

Directions: **Partner with another member of the class. Each partner should have a *Skill Check #2 Worksheet*. Using the *Worksheet*, practice all the steps in this skill. Have your partner check off each step you correctly complete (PARTNER CHECK). When you are comfortable that you are able to correctly complete all the steps without using the *Worksheet*, ask the teacher to complete the Teacher Check.**

Reminders:

ALWAYS wear disposable gloves when you:

- Assist another person with tooth-brushing or flossing, bathing, shaving, menstrual care, and cleaning the rectal or genital area;

- Clean up toilets, urine, feces or vomit; and/or,

- Perform first-aid.

ALWAYS use a new pair of gloves for each activity.

ALWAYS use a new pair of gloves for each individual.

ALWAYS wash your hands before and after using gloves.

NEVER wash gloves and use again.

Supplies: Gather all of the necessary supplies for skill check. Supplies are needed for practice and skill check.

- Water, soap, and paper towels for hand washing

- New disposable gloves: At least two pairs - one for practice and one for final skill check.

- Waste container

- *Skill Check #2 Worksheet*

COMPETENCY: Each student is required to complete *Skill Check #2 Worksheet, Gloving*, with no errors.

TEACHER_____ STUDENT: _____

DATE: _____

SKILL CHECK #2 WORKSHEET
Gloving

Please initial each step when completed correctly	Partner Check	Teacher Check		
		Attempt #1	Attempt #2	Attempt #3

STEPS

			Date	Date	Date

STEPS	Partner	#1	#2	#3
1. Remove rings and watches	_____	_____	_____	_____
2. Wash your hands	_____	_____	_____	_____
3. Select a new pair of gloves of the appropriate size	_____	_____	_____	_____
4. Pull the gloves onto both hands	_____	_____	_____	_____
5. Smooth out folds to ensure a comfortable fit	_____	_____	_____	_____
6. Carefully look for tears, holes or discolored spots and replace the glove(s) with a new one if necessary	_____	_____	_____	_____

STEPS - Taking off Gloves

STEPS	Partner	#1	#2	#3
1. Touching only the outside of one glove, pull the first glove off by pulling down from the cuff	_____	_____	_____	_____
2. As the glove comes off your hand, turn the glove inside out	_____	_____	_____	_____
3. With the fingertips of your gloved hand, hold the glove you just removed	_____	_____	_____	_____
4. Put fingers of your bare hand inside the remaining glove, being careful not to touch any part of the outside of the glove	_____	_____	_____	_____
5. Pull the glove down, turning the glove inside out and over the first glove as you remove it	_____	_____	_____	_____
6. Drop both contaminated gloves into the proper garbage container	_____	_____	_____	_____
7. Wash your hands	_____	_____	_____	_____

Revised 4/01/02

This is to certify that (Name of Student)_____

correctly completed all of the steps for *Gloving*.

Teacher Signature:_____**Date:**_____

Comments:_____

_____

_____

_____

Resource Guide
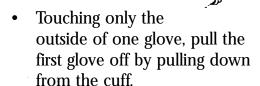
Gloving Technique

Putting on non-sterile gloves

• Remove rings and watches.

• If you are right handed, take one glove and slide it on your left hand (reverse, if left handed).

• Pulling out another glove with your gloved hand, slide the other hand into the glove.

• Interlace fingers to smooth out folds and create a comfortable fit

• Carefully look for tears, holes or discolored spots and replace the glove if necessary.

Removing non-sterile gloves

• Touching only the outside of one glove, pull the first glove off by pulling down from the cuff.

• As the glove comes off your hand it should be turned inside out.

• With the fingertips of your gloved hand hold the glove you just removed. With your ungloved hand, reach two fingers inside the remaining

glove, being careful not to touch any part of the outside.

• Pull down, turning this glove inside out and over the first glove as you remove it.

• You should be holding one glove from its clean inner side and the other glove should be inside it.

• Drop both gloves into the proper container.

• Wash your hands using proper procedure.

Your Presentation Notes

Move about the room to assist participants as needed to ensure they have completed the skill correctly.

Do
Show overhead #26

Say
Standard Precautions are equally important to everyone. Infection control is a two-way street. Our job as a DSP is to protect the individuals with whom we work and ourselves from spreading infection between us and others in the home. If Standard Precautions are used daily, by wearing disposable gloves and frequent and thorough hand-washing, we can all help in decreasing the spread of infection.

Do
Show overhead #27

Say
These are the simple reminders for Standard Precautions.

Say
Depending on your job, you may be expected to wear other personal protective equipment (PPE), like a face mask or eye shields. If you need these, get professional help in how to use and dispose of them properly.

Two-Way Street

Standard Precautions are equally important to everyone.

Infection control is a two-way street.

Our job as a DSP is to protect the individuals with whom we work and ourselves from spreading infection between us and others in the home.

Session #11, Overhead 26

Remember

When using Standard Precautions, remember to:
- treat all persons as if they are infectious
- use appropriate safety equipment (e.g., gloves, masks)
- wash wrists and hands with soap or disinfectant
- handle sharp objects carefully
- cover open cuts and sores
- treat all bodily fluids as if they are infectious

Session #11, Overhead 27

Cleaning and Disinfecting

Say

Keeping the place where you work clean and free of germs is equally important. The thorough cleaning of surfaces that could possibly pose a risk to anyone who lives or works in the home is part of your job as a DSP.

Do

Ask for a list of surfaces that are likely to become contaminated. List participant's answers on a flip chart. The list should include:

- Food preparation areas

- Bathrooms

- Changing station for diapers or incontinent briefs

- Children's toys

- Bed linens

- Baby beds

- Remote control for television or VCR

- Any other items which are mouthed or come into contact with bodily fluids

Say

Routine cleaning with soap and water is the most useful method for removing germs from

Your Presentation Notes

surfaces. However, some items and surfaces should receive an additional step. Disinfecting is the process of killing germs after cleaning with soap and water and rinsing with clear water. Disinfecting usually requires soaking or drenching the item for several minutes to give the chemical time to kill the remaining germs. One of the most commonly used chemicals for disinfection is a homemade solution of household bleach and water.

Do
Show overhead #28 and #29

Say
These two recipes for a disinfectant cleaning solution are easy to mix, safe if handled properly and kill most infectious agents. However, the solutions lose effect very quickly. The bleach solution should be mixed fresh every day.

Note: Never mix bleach with anything but fresh tap water such as ammonia or other cleaning products because it may react and cause a toxic chlorine gas. Keep the solution in a cool place out of direct sunlight.

Are there any questions about these recipes?

Remember, although this bleach is diluted for the purposes of cleaning, it must be stored

Your Presentation Notes

Bleach Disinfectant

For use in bathrooms, diapering areas, floors, etc.

Ingredients:
1/4 Cup Bleach
1 Gallon Cool tap Water

Procedure:
Add the household bleach (5.25% sodium hypochlorite) to the water
Carefully, mix well
Store in closed container in cool, dark, locked storage area
Remake daily

Session #11, Overhead 28

Weaker Bleach Disinfectant

For use on eating utensils, toys, counter tops

Ingredients:
1 Tablespoon Bleach
1 Gallon Cool tap Water

Procedure:
Add the household bleach (5.25% sodium hypochlorite) to the water
Carefully, mix well
Store in closed container in cool, dark, locked storage area
Remake daily

Session #11, Overhead 29

properly in a sealed and labeled container in the locked storage where your other cleaning supplies are kept.

Principles of Care

Say
We have talked about the importance of infection control (Standard Precautions), recognizing signs and symptoms of illness and injury, and guidelines for reporting.   Now, let's talk about personal care. As mentioned earlier, infection control is practiced in the home by frequent and thorough hand-washing, using disposable gloves and cleaning (disinfecting) surfaces and items in the home that often are covered with germs.   These Standard Precautions are very important when providing personal care to individuals in the home where you work. You also can practice the Assessment Skills of listening, questioning, and observing, and documenting as you provide for personal care activities in the home. Your knowledge of an individual's Health History and the ability to recognize current signs and symptoms of illness or injury, may result in the need to contact the individual's physician and/or your supervisor for follow-up care or attention.

When assisting with any personal care for an individual, it is important to remember and

Your Presentation Notes

practice **Six Principles of Care**. These six principles or responsibilities are important when providing assistance and support for personal care activities. These principles should become routine as you assist in the daily care of individuals in the home where you work.

Do
Show overhead #30

Say
You will find a copy of **Six Principles of Care** in the *Worksheets and Activities* section of your **Resource Guide** (refer to the page number).

- **Safety**
  Protection of the individual, yourself and others in the home from accidents and injury.

- **Privacy**
  Do not discuss an individual's care with others unless they also participate in the individual's care. Respect individual's personal space [room or part of a room) and personal belongings.

- **Dignity**
  Respect the individual. Remember people in care facilities are as different as you and I. Protect the

Your Presentation Notes

Principles of Care

- Safety
- Privacy
- Dignity
- Communication
- Infection Control
- Independence

Session #11, Overhead 30

individual from embarrassment. Respect religious and cultural beliefs.

- **Communication**
  Talk with and listen to the individual, and possibly their families and person-centered planning team members to gain a better understanding of an individual's needs.

- **Infection Control**
  Practice methods such as handwahing and Standard Precautions, to prevent the spread of infection to individual's, yourself and others.

- **Independence**
  Encourage and assist individuals to do as much as possible for themselves by allowing time for individuals to help with their own care.

Do
Show overhead #31

Say
You will find a copy of **Six Principles of Care Activity** in the *Worksheets and Activities* section of your *Resource Guide* (refer to the page number).

Do
Divide the class into six groups and assign each group one of the principles of care. Provide each group with a piece of flip chart paper and a large felt tip marker. Have each group work together to come up with examples of how they currently practice the principle of care (assigned to their group) in

Your Presentation Notes

Six Principles of Care Activity

Safety
Privacy
Dignity
Communication
Independence
Infection Control

Session #11, Overhead 31

Six Principles of Care Activity

Safety

Privacy

Dignity

Communication

Independence

Infection Control

the homes where they work. Each group needs a recorder and a reporter. Allow about 5 minutes for this exercise.

Say
Let's share the examples each group listed.

Do
Ask the reporter from each group to come to the front of the class and share. Encourage and allow time for participants to fill in their activity sheet with answers from other groups. Hang the flip chart sheets on the wall if possible.

Personal Care

Say
Now we know what the six principles of care are. Let's look at personal care skills. You may assist and support individuals in the home where you work to complete personal care skills or a part of these skills each day. As you complete the skill worksheets today, think about and try to practice the principles of care.

Your Presentation Notes

Do
Show overhead #32

Say
The six personal care skills we will be practicing today are:

- Hair Grooming

- Cleaning and Trimming Toenails and Fingernails

- Shaving

- Mouth Care

- Bathing

- Perineal Care

Part of your job as a DSP is to learn about the individuals you are assisting. You will want to find out what skills they already have to care for their own personal needs. Some individuals need more or less help than other individuals. You will also want to know the individual's preferences as they related to personal care. For example, wearing hair long or short, permed or straight; bathing in a shower or tub; bathing in the morning, afternoon or evening. Just as you learned in the sessions on *Choice-Making and Teaching Strategies*, it is very important to teach individuals the new skills they need, so they can become more independent in the areas of self care.

Your Presentation Notes

Personal Care Skills

- Hair Grooming
- Cleaning and Trimming Toenails and Fingernails
- Shaving
- Mouth Care
- Bathing
- Perineal Care

Session #11, Overhead 32

Why do you think it is important for an individual to know how to take care of their personal care needs? After a few responses-

Do
Show overhead #33

Say

We have talked about the importance of individuals learning skills and becoming more independent in their lives in earlier sessions. The area of personal care or self-care may be very sensitive for both you and for the individuals you are assisting. Let's commit ourselves to teaching individuals the necessary steps for self-care. The sooner an individual gains some level of independence in taking care of their own personal care needs, the more enjoyable their lives will be!

Personal Care (Skill Activities)

(**Note:** If the time does not allow for everyone to complete all of the following skill activities, have each group do mouth care and then pick one or two other skill activities of their choice.)

Say

Please choose partners for the next six exercises. We will work in groups of three and be role playing the actual skills of teaching, assisting, and supporting an

Your Presentation Notes

Personal Care Independence

- Increases self-esteem and dignity
- Provides infection control
- Improves self-image
- Increases independence
- Improves overall health
- Improves mouth (dental) care

Session #11, Overhead 33

individual to complete personal care activities.

You may find the next activities awkward or embarrassing to complete. It takes practice to learn how to do any skill, the same with personal care skills.

We will practice using role play. You will not need to touch each other. These are activities that you can do through demonstration and verbal direction; similar to how you might already assist an individual. You may find the practice uncomfortable at first. After several practice sessions, you will become more comfortable with the activities.

If it helps, think about how awkward or embarrassed you might feel if the situation were reversed and you needed this level of assistance to complete your personal care.

We will begin with hair care. You will find a copy of **Skill Sheet #3**, **Assisting an Individual with Hair Grooming** in the *Worksheets and Activities* section of your *Resource Guide* (refer to the page numbers) Please do not go on to **Skill Sheet #4** until everyone has completed hair grooming.

Please note at the top of the skill sheet the Attention and Supplies sections. Each of the skills sheet provides you with some important tips and the items you may need

Your Presentation Notes

SKILL SHEET #3 HAIR GROOMING

Name: _____   **Date:** _____

Attention: **Remember, hairstyle is an individual choice**
1. Use only the individual's personal comb and brush.
2. Clean comb and brush regularly.
3. Combs with "sharp teeth" can injure sensitive scalps.
4. Use comb and brush with a gentle touch.
5. Encourage the individual to do as much as they can for themselves.

Supplies:
1. Comb
2. Brush
3. Mirror
4. Personal hair products

PROCEDURE
(Hair Grooming)

STEPS	Partner Check	Instructor Check
1. **Ask the individual if they have a preference for their hair style today.**	❑	❑
2. **Teach and assist with drying wet hair with dryer and applying gels, hair spray, etc.**	❑	❑
3. **If hair is long, divide into sections before combing or brushing..**	❑	❑
4. **Teach and assist the individual to comb or brush hair from scalp to ends of hair.**	❑	❑

Note: If the hair is tangled, use a wide-tooth comb.
Why? Pulling on tangled hair can cause damage to the hair. Gently combing or brushing from the scalp to the ends of the hair stimulate circulation.

5. **Encourage the individual to look in a mirror when finished styling.**	❑	❑

Why? Having hair clean and groomed looks great, increases self-esteem and you can't have a "Bad Hair Day!"

to complete the skill. Be sure and review these sections before beginning the skill practice. In the home where you work, you may find you will have to adjust the supply list. No two people are alike, and the skill sheet would be developed for each individual based on their own level of skill and assistance needed. The number of steps would be the task analysis developed by the individual and his or her team. These skill sheets are examples of what a DSP <u>might</u> do to assist and support an individual complete a personal care activity.

Say

Start with one of you role playing the DSP and one the individual. The third partner will observe and check off the skills. When you complete the skill correctly, your partner will check the appropriate box. When the first partner has completed the entire list of steps and has successfully demonstrated the procedure for hair grooming, change places. Continue to change roles until all three of you have played the part of DSP, the individual and the observer.

Are there any questions on how you will complete this activity and skill sheet? When all three partners have completed the skill sheet correctly, raise your hand, and I will come around and check all of you off on the skill sheet.

Your Presentation Notes

If you are waiting to be checked off, you can turn to the review questions located in your *Resource Guide* (please refer to the page numbers) and begin answering the questions for this section. Please feel free to work together to discuss and answer the questions.

Do

Move about the room assisting as needed to be sure skills are completed correctly. You may want to complete your check off as you move about in order to get everyone signed off on all skill sheets.

Say

Remember, having opportunities to make choices is a key to healthy, happy people, including ourselves. Just as individuals have the opportunity to make choices about what clothes to wear and what to eat, they all need to have the choice as to how they might like to style their hair. Just like you and I, we may change our mind from day to day. Anyone here, ever had a "Bad Hair Day"? As you complete this exercise, think about how you might feel if someone just took over and began to groom your hair without your input as to how you would like to have it styled?

Please begin! If you have questions or need assistance, please let me know!

Your Presentation Notes

Say

The next skill will cover toenails and fingernails. You will find a copy of **Skill Sheet #4, Cleaning and Trimming Toenails and Fingernails** in the *Worksheets and Activities* section of your *Resource Guide* (please refer to the page numbers). Please do not go on to **Skill Sheet #5** until everyone has completed the skill sheet on nails.

Do

Continue reviewing and checking participants off for completion. Participants may need encouragement to stay on task and practice these skills realistically.

Say

During the next exercise we will learn about shaving. As you will see, this activity was written for shaving facial hair. A similar skill sheet might cover under-arm or leg shaving. You will find a copy of **Skill Sheet #5, Shaving** in the *Worksheets and Activities* section of your *Resource Guide* (please refer to the page numbers) Please do not go on to **Skill Sheet #6** until everyone has completed the skill sheet on nails. You may work on the review questions if you finish early!

Do

Continue to check off participants.

Your Presentation Notes

SKILL SHEET #4 CLEANING AND TRIMMING NAILS

Name: _____   **Date:** _____

Attention: **Special care should be practiced when assisting with nail care.**
1. Individuals with diabetes require professional assistance with nail care.
2. Toenails and fingernails should be kept clean, neatly trimmed, and smooth to prevent injury to skin.
3. Trimming the nail too short may cause ingrown toenails that can be painful and cause infection.
4. Encourage the individual to so as much as they can for themselves.

Supplies:
1. Personal nail clippers or nail scissors
2. Personal cuticle or orange stick
3. Bathtub or bowl
4. Clean water
5. Soap
6. Personal towel
7. Personal emery board or nail file

PROCEDURE
(Cleaning and Trimming Nails)

STEPS	Partner Check	Instructor Check
1. **Teach and assist the individual how to soak their hands or feet in warm water for at least 5 minutes and then wash hands or feet with soap.**	❑	❑
Why? Soaking will soften the nails and make them easier to trim.		
2. **Teach and assist how to push nail cuticle back (from fingers or toes) gently with cuticle or orange stick to prevent hangnails.**	❑	❑
Note: A clean washcloth can be used for this step. DSP can demonstrate these steps on their own nails.		

Resource Guide

PROCEDURE
(Cleaning and Trimming Nails)

STEPS	Partner Check	Instructor Check
3. **Teach and assist the individual to clean under their nails (fingers or toes) with orange stick or tool on nail clipper for this purpose.**	❑	❑
4. **Teach and assist the individual to change the water and wash, rinse and dry their hands or feet.**	❑	❑

Note: Do not rinse in soapy water.
Why? Soapy water has many germs from the nails. This will prevent skin on the hands and feet from chapping.

5. **Teach and assist the individual to use nail clippers or nail scissors to trim toenails straight across. Fingernails can be trimmed with a slight curve. Use an emery board or nail file to shape and smooth the nails.**	❑	❑

Remember: Individuals with diabetes need professional assistance for nail care.

SKILL SHEET #5 SHAVING

Name: _____   **Date:** _____

Attention: **Shaving steps can be used for facial, leg or underarm hair**
1. Use of electric razor should not be used in same room where oxygen is used.
2. Electric razors should not be used around water.
3. Check all types of razors for chips or rust on the blades.
4. Always dispose of used razor blades.
5. Use only an individual's personal razor.
6. Supervise the use of razors closely for safe and correct handling before individual shaves independently.
7. Encourage the individual to do as much for themselves as they can.

Supplies: 1. Personal electric or other style razor
2. Shaving cream and aftershave lotion
3. Personal towel
4. Sink or other clean water source
5. Mirror

PROCEDURE
(Shaving)

STEPS	Partner Check	Instructor Check
1. Teach and assist the individual in locating the best place to complete their shaving. Use of a mirror is recommended for shaving the face or under the arms.	❑	❑
Note: Depending on what part of the body one is shaving, a sink, bowl, bathtub or shower may be more safe and functional. <u>Why?</u> Safety is important while shaving. The individual should be comfortable and sitting or standing securely.		

PROCEDURE
(Shaving)

STEPS	Partner Check	Instructor Check
2. Teach and assist the individual to check their skin for moles, birthmarks or cuts. If any changes are observed in the size, shape or color of a mole or birthmark the individual should be seen by his or her physician.	❑	❑

Why? Shaving over these areas can cause bleeding and infection. Changes may indicate illness.

3. Teach and assist the individual to open shaving cream and remove safety cap from razor (non-electric razor) or plug electric razor in to outlet.	❑	❑

Note: Again, safety is important. Shaving cream in an electric razor can be dangerous. Electric razors near water can cause injury or death.

SHAVING WITH NON-ELECTRIC RAZOR

4. Teach and assist the individual to wash area to be shaved with warm, soapy water. (Face, underarms or legs)	❑	❑

Why? Washing removes oil and bacteria from the skin and helps to raise the hair shafts so it will be easier to shave.

5. Teach and assist the individual how to apply shaving cream or lather with soap.	❑	❑

Note: Some soaps and shaving creams can be harsh on the skin or an individual can be allergic to them. There are different brands on the market for sensitive skin. An electric razor may work better for an individual with skin allergies.
Why? Shaving cream softens the skin and helps the razor glide over the skin to prevent nicking and cutting.

Resource Guide

PROCEDURE
(Shaving)

STEPS		Partner Check	Instructor Check
6.	**If the DSP is shaving the individual, wear disposable gloves.**	❑	❑
	Note: Refer to Resource Guide for directions on putting on disposable gloves. Why? To prevent spread of germs.		
7.	**Teach and assist the individual to use the fingers of one hand to hold the skin tight and shave in the direction the hair grows.**	❑	❑
	Note: Shaving in the direction the hair grows makes a smoother shave and helps prevent irritating the skin. The DSP may want to role play or demonstrate this shaving step on him or herself.		
8.	**Teach and assist the individual to rinse the razor often to remove hair and shaving cream so the cutting edge stays clean.**	❑	❑
9.	**Teach and assist the individual to use short strokes around chin and lips on the face, front and back of knees on the legs and under the arms.**	❑	❑
	Note: Short strokes gives better control of the razor and helps prevent nicks and cuts.		
10.	**Teach and assist the individual to rinse off the remaining shaving cream and dry the skin with gentle patting motions.**	❑	❑
	Why? Left over shaving cream can irritate and dry the skin. Rubbing freshly shaven skin can be irritating.		
11.	**If shaving the face, offer the individual a mirror to inspect a job well done!**	❑	❑
	Why? Taking pride in completing personal care skills increases self-esteem.		

PROCEDURE
(Shaving)

STEPS	Partner Check	Instructor Check
12. Teach and assist with applying aftershave or skin lotion if individual chooses.	❏	❏

Note: Alcohol in aftershave acts as an antiseptic for tiny nicks and cuts. It also has a cooling and refreshing sensation.

13. Teach and assist the individual with cleaning razor and storing all shaving items.	❏	❏
14. Teach and assist the individual to wash, rinse and dry their hands after shaving.	❏	❏

SHAVING WITH AN ELECTRIC RAZOR

15. Teach and assist the individual to safely turn on the electric razor. Explain the safety of shaving away from water.	❏	❏

Why? Electrocutions can occur when electric appliances, including razors, come in contact with water.

16. Teach and assist the individual in using a mirror while shaving the face or under the arms.	❏	❏
17. Teach and assist the individual in using a gentle, even pressure as they move the electric razor over their skin. Demonstrate how running one hand over the shaved area can locate missed hair.	❏	❏

Resource Guide

PROCEDURE
(Shaving)

STEPS	Partner Check	Instructor Check
18. **Teach and demonstrate how to clean hair from the blades as needed during the shave.**	❑	❑
Note: Be sure razor in turned off and unplugged each time the blades are cleaned. Why? Injuries can occur when handling blades when the razor is turned-on or plugged in to an electrical socket. Cleaning the blades keeps them sharp and provides for a smoother shave.		
19. **Teach and assist with applying aftershave or skin lotion if individual chooses.**	❑	❑
Note: Alcohol in aftershave acts as an antiseptic for tiny nicks and cuts. It also has a cooling and refreshing sensation.		
20. **If shaving the face, offer the individual a mirror to inspect a job well done!**	❑	❑
Why? Taking pride in completing personal care skills increases self-esteem.		
21. **Teach and assist the individual with cleaning razor and storing all shaving items.**	❑	❑
22. **Teach and assist the individual to wash, rinse and dry their hands after shaving.**	❑	❑

Say

Before we begin the next skill sheet on teeth brushing, let's talk about dental care in general. Dental care is an area of health that until recently received little attention. Mouth care, including the care of one's teeth and gums is important for overall good health. Brushing after meals and flossing at least once per day helps keep your teeth and gums healthy. Clean teeth makes you look and feel better, your breath is fresher and your teeth are smooth and bright.

Do

Show overhead #34

Say

A healthy mouth is one that has:

- Pink gums

- Teeth that are white, free from dark spots

- Teeth that are not loose

- Fresh breath

Do

Show overhead #35

Say

A mouth that is not healthy has:

- Gums that may be red, swollen or bleeding

Your Presentation Notes

Healthy Mouth

- Pink gums
- Shiny, white teeth
- Teeth firm in gums
- Fresh breath

Session #11, Overhead 34

Unhealthy Mouth

- Red, swollen gums
- Bleeding gums
- Gums separated from teeth
- Loose teeth
- Dark or soft spots on teeth
- Holes in teeth
- Unpleasant odor coming from mouth

Session #11, Overhead 35

- Gums that do not fit close around teeth

- Teeth may be loose

- Teeth have dark or soft spots

- Teeth have holes

- An unpleasant odor comes from the mouth

We talked earlier in class about germs and infections. The mouth is another place germs (bacteria) grow. That's right! Germs, the sticky, bacteria that grows on the sides of your teeth is called PLAQUE. Plaque causes tooth decay and gum disease. Plaque is always forming and that is one reason for brushing often and flossing every day. Brushing removes the plaque from the surfaces of your teeth and gums. Flossing helps to remove plaque from between the teeth and under the gums. Along with daily brushing and flossing, a healthy diet, decreasing or eliminating sugar and seeing a dentist for checkups will help keep teeth and gums healthy.

For individuals who wear dentures or have removable teeth, daily brushing is also necessary. The same germ, plaque, can build up just as easily and be cause for an unhealthy mouth.

Your Presentation Notes

Do
Show overhead #36 and #37

Say
Sugar is a cause for plaque build up on the gums and teeth. We can all help in decreasing the amount of sugar in one's diet. Some of the common ways to reduce sugar are:

- Eat sugary foods, candies, snacks and drink sugary beverages <u>less often</u>

- Learn to recognize high sugar brand foods, candies and drinks and choose those brands with <u>less sugar</u>

- <u>Brush and floss</u> teeth and gums after eating sticky foods or sucking on sticky candies

- <u>Avoid</u> sugary foods, candies, drinks for rewards if rewards are used often

The individual's dentist can be helpful in working with you around mouth care needs. Specific information about dental aids, special tooth brushes, positioning for daily mouth care for individuals with physical challenges, or behavior challenges around tooth brushing would best be directed to the individual's person-centered planning team including his or her dentist's assistance and recommendations.

Your Presentation Notes

Reducing Sugar

- Eat or drink foods, snacks and beverages high in sugar less often
- Choose brands of foods, snacks and beverages that are lower in sugar

Session #11, Overhead 36

Reducing Sugar

- Brush and floss teeth and gums after eating sticky foods and candies or drinking beverages high in sugar
- If foods, snacks or beverages are used for rewards, use low-sugar or no-sugar items

Session #11, Overhead 37

You will find a copy of **Skill Sheet #6, Teeth Brushing** in the *Worksheets and Activities* section of your Resource Guide (please refer to page numbers).

Once everyone has finished, we will move on to the last skill sheet together.

Say
Our last skill sheet covers bathing and perineal care.

We know that bathing refers to the cleaning of one's body from head to toe. Perineal care refers to bathing the "private parts." These are the genital and anal parts of men's and women's bodies.

Personal care is a very private matter. It can be a challenge to you as a DSP. For that reason, it is recommended that if an individual needs assistance with bathing, perineal care and other personal care needs, the assistance should be completed by women for other women or girls and by men for other men or boys.

In most care facilities and homes a bed bath is rarely necessary. A complete bed bath means bathing a person's body while they are in bed or in special bathtubs designed for those individuals with severe physical disabilities. Most individuals you will assist

Your Presentation Notes

SKILL SHEET #6 MOUTH CARE (TEETH AND GUMS)

Name: _____   Date: _____

Attention: **Daily brushing and flossing and regular dental check-ups are key to good mouth care.**

1. Check inside of mouth for redness, gum swelling, loose teeth or unusual odor.
2. Report any changes in an individual's mouth to his or her dentist.
3. Brushing after meals and flossing once a day is recommended.
4. Encourage the individual to do as much as they can for themselves.

Supplies: 1. Personal toothbrush
2. Sink and fresh water
3. Personal towel
4. Disposable gloves
5. Personal toothpaste
6. Personal floss
7. Mouthwash

PROCEDURE
(Teeth Brushing and Flossing)

STEPS	Partner Check	Instructor Check
1. **Teach and assist the individual in washing their hands. The DSP should wash their hands as well.**	❑	❑
Note: Use the method learned from Skill Sheet #1		
2. **If the DSP is assisting with teeth brushing, he or she should wear disposable gloves.**	❑	❑

Note: Refer to Resource Guide for directions on putting on disposable gloves.   Protective eye glasses are also recommended.
Why? To prevent spread of germs through contact with saliva and blood from the mouth.
.

Resource Guide

PROCEDURE
(Teeth Brushing and Flossing)

STEPS	Partner Check	Instructor Check
3. **Teach and assist the individual with taking the cap off the toothpaste. After wetting the toothbrush in clean water, put toothpaste on the toothbrush.**	❑	❑

Note: A fluoride toothpaste and a soft toothbrush is recommended. Check with the individual's dentist for special instructions as needed.

4. **Teach and assist the individual to hold the toothbrush at a 45 degree angle and gently brush the outer surfaces of the teeth. Use a circular or an up-and-down motion.**	❑	❑

Note: A DSP may demonstrate or role model teeth brushing skills by brushing his or her own teeth.

5. **Teach and assist the individual to brush the inside surfaces of the teeth with the same motion.**	❑	❑
6. **Teach and assist the individual to spit out saliva and toothpaste foam as needed.**	❑	❑

Why? Saliva and foam builds up during brushing. It is better to spit then to swallow the saliva and toothpaste.

7. **Teach and assist the individual to turn the toothbrush, bristle side up, and using the tip of the toothbrush, clean the inner sides of the top and bottom teeth.**	❑	❑

Why? Brushing all tooth surfaces removes the plaque (germs and bacteria) from the teeth.

8. **Teach and assist the individual to brush the chewing surfaces of all teeth. Use a back-and-forth or scrubbing motion. Spit saliva as needed.**	❑	❑

PROCEDURE

Resource Guide

PROCEDURE
(Teeth Brushing and Flossing)

STEPS	Partner Check	Instructor Check
9. Teach and assist the individual to gently brush tongue and gums.	❑	❑

<u>Why?</u> Brushing the tongue helps control bacteria from building up that contributes to mouth odor. Brushing the gums decreases plaque buildup where the gums and teeth meet.

10. Teach and assist the individual in rinsing their mouth. Fresh water works well. Mouthwash or a solution of mouthwash (1 part mouthwash to 3 parts water) may also be used.	❑	❑

<u>Note</u>: Rinsing the mouth after brushing helps clean out bits of plaque that have become dislodged from the tooth surfaces. Rinsing also cleans out saliva and toothpaste that has been in the mouth during brushing. <u>Why</u>? Rinsing with a mouthwash helps continue the fight against germs and bacteria buildup in the mouth. It can leave a pleasant taste and fight unpleasant mouth odor also.

FLOSSING THE TEETH AND GUMS

11. Teach and assist the individual in washing their hands. The DSP should wash their hands as well.	❑	❑

<u>Note</u>: Use the method learned from Skill Sheet #1

PROCEDURE
(Teeth Brushing and Flossing)

STEPS		Partner Check	Instructor Check
12.	**If the DSP is assisting with flossing, he or she should wear disposable gloves.**	❑	❑
	Note: Refer to Resource Guide for directions on putting on disposable gloves. Protective eye glasses are also recommended.		
	Why? To prevent spread of germs through contact with saliva and blood from the mouth.		
13.	**Teach and assist the individual to wrap about 18" of floss around the middle fingers. Hold the floss against the middle fingers with the index fingers and thumbs.**	❑	❑
	Note: There are special flossing aids that can be used if individuals do not have good hand or finger control. The DSP may want to demonstrate or role model flossing skills by flossing his or her own teeth.		
14.	**Teach and assist the individual to gently slide the floss down between the teeth. Move the floss up-and-down and back-and-forth along the sides of all teeth. Be sure to slide the floss below the gum line as each tooth is flossed.**	❑	❑
	Note: If the individual has braces or bridges, a floss threader (from the local drugstore) can be used to get floss under the wires.		
	Why? Flossing helps to break up the plaque that forms between the teeth and along the gum line.		

PROCEDURE
(Teeth Brushing and Flossing)

STEPS	Partner Check	Instructor Check
15. Teach and assist the individual in rinsing their mouth. Use fresh water. Mouthwash or a solution of mouthwash (1 part mouthwash to 3 parts water) may also be used.	❑	❑

Note: Rinsing the mouth after flossing helps clean out bits of plaque that have become dislodged from the teeth and gums. Rinsing also cleans out saliva and blood that has been in the mouth during flossing. Why? Rinsing with a mouthwash helps continue the fight against germs and bacteria buildup in the mouth. It can leave a pleasant taste and fight unpleasant mouth odor also.

| 16. Teach and assist the individual to throw out used floss and wash, rinse and dry their hands. | ❑ | ❑ |

will be able to take showers or baths with assistance and support. Some individuals may bathe independently. However, we can't always assume that individuals are getting themselves completely clean. You may need to check personal care skills from time to time to prevent body odor and discomfort for the individual.

You will find a copy of **Skill Sheet #7**, **Assisting an Individual with Bathing and Perineal Care** in the *Worksheets and Activities* section of your *Resource Guide* (please refer to the page numbers)

We will go through this last skill sheet together.

Say
Great job. Thank you for role playing those important personal care activities. If you continue to teach, assist and support good personal care habits, each individual will have the opportunity for leading a fuller, happier, more enjoyable life as they become more independent with their own care needs.

Definitions for the key words are also included. (Indicate the page numbers)

The review questions for this session are in your *Resource Guide* (refer to the page numbers). Some of you have been working

Your Presentation Notes

SKILL SHEET #7 ASSISTING AN INDIVIDUAL WITH BATHING AND PERINEAL CARE

Name: _____   **Date:** _____

Attention: **When assisting with bathing or showering:**

1. Remember to check water temperature. It should be warm to the touch.
2. Wash, rinse and dry each body part to prevent chilling, exposure and chapping.
3. Inspect skin for signs of injury or changes in condition.
4. Use soap sparingly and do not leave in water.
5. Provide privacy and warmth for the individual.
6   Talk about things of interest to the individual.
7. Encourage the individual to do as much as they can for themselves.
8. Demonstrate and explain correct bathing or showering procedures
9. Be prepared with all supplies.
10. Be sure your hands are washed and clean before beginning.

Supplies: 1. Clean basin, bathtub or shower stall
2. Robe or clean clothes
3. Soap and soap dish or special skin cleanser
4. Personal towel
5. Personal washcloth
6. Disposable gloves for perineal care

PROCEDURE
(Bathing and Perineal Care)

STEPS	Partner Check	Instructor Check
1. **Teach and assist the individual how to, or check the water temperature for warmth before beginning. (Place your wrist under the running water)**	❑	❑

<u>Why?</u> To prevent a chill or a burn.

PROCEDURE
(Bathing and Perineal Care)

STEPS		Partner Check	Instructor Check
2.	Teach and assist the individual to wash their hands and wrists.	❑	❑
	Note: Use the method learned from Skill Sheet #1. The DSP will have washed their hands as well.		
3.	Teach and assist the individual to wash and rinse each eye. Begin from the inner corner of one eye (near the nose) and moving to the outer corner of the eye. Repeat this step on the other eye, using a clean corner of the washcloth.	❑	❑
	Why? Use different ends of the washcloth to prevent the spread of germs from one eye to the other.		
4.	Teach and assist the individual to wash and rinse their face, neck and ears. Use the soap to make suds. Use clean tap water to rinse. Be sure to wash and dry behind the ears.	❑	❑
	Note: Ask the individual if they want soap used or if they prefer a special cleansing product. Why? Some individuals have sensitive skin.		
5.	Teach and assist the individual to wash, rinse and dry one shoulder, underarm and arm.	❑	❑
	Why? Beginning near the wrist, prevents dripping dirty water (germs) on already cleaned wrists and hands.		
6.	Repeat step 5 for the other shoulder, underarm and arm.	❑	❑

PROCEDURE
(Bathing and Perineal Care)

STEPS	Partner Check	Instructor Check
7. **Teach and assist the individual to wash and rinse the chest and stomach. Check under the breasts and any skinfolds as you go along**.	❑	❑
8. **Repeat step 7 for the back.**	❑	❑
9. **Teach and assist the individual to wash, rinse and dry hip and one leg.**	❑	❑
10. **Repeat step 9 for the other hip and leg.**	❑	❑
11. **Teach and assist the individual to wash, rinse and dry one foot.**	❑	❑
12. **Repeat step 10 for the other foot.**	❑	❑

Note: Remember to assist the individual to
dry completely. Make sure the skin is completely
dry.
Why? Moisture in the skinfolds can result in
cracking and the breakdown (infection) of skin.
Moisture between the toes can result in
cracking and infection.

Perineal Care for Females: Bathing of the genitals (sex organs) and anal (rectum)
area of the body. These are sometimes referred to as "the private parts".

	Partner Check	Instructor Check
13. **When teaching or assisting with perineal care, put on disposable gloves.**	❑	❑

Note: Refer to Resource Guide for
directions on putting on disposable gloves.
Why? To prevent spread of germs.

PROCEDURE
(Bathing and Perineal Care)

STEPS	Partner Check	Instructor Check
14. Teach the individual to separate the folds of skin in their "private parts", called the labia and using suds and the washcloth, wash with one down stroke the sides of the labia. Using a different side of the washcloth, wash down the middle of the labia. Rinse from front to back.	❑	❑

Note: Always wash from the pubic area (front of the genitals) to the anal area to prevent contaminating the urethral opening (where the urine comes out) with germs or bacteria from the anal area.

15. Teach the individual to wash and rinse the anal area moving front to back. Use a different part of the washcloth for each wipe.	❑	❑

Perineal Care for Males: Bathing of the genitals (sex organs) and anal (rectum) area of the body. These are sometimes referred to as "the private parts".

16. When teaching or assisting with perineal care, put on disposable gloves.

Note: Refer to Resource Guide for directions on putting on disposable gloves. Why? To prevent spread of germs.

17. Explain to the individual to hold their penis and wash, rinse and the tip. Always wash from the small opening (ureter) where the urine flows, outward or towards the end of the penis. Use a different part of the washcloth for each wipe.	❑	❑

Why? To prevent spreading germs (contamination) of the urethral opening.

PROCEDURE
(Bathing and Perineal Care)

STEPS		Partner Check	Instructor Check
18.	**Teach the individual to wash and rinse the shaft of the penis. Wash and rinse in the direction of the pubic area.**	❑	❑
	Note: If the individual is not circumcised, be sure the foreskin is pulled back and wash and rinse the penis. Return the foreskin to its natural position.		
19.	**Teach the individual to spread his legs and wash and rinse the scrotum. (The two sacks at the base of the penis) Clean between the skinfolds in this area and under the scrotum thoroughly.**	❑	❑
20.	**Teach the individual to wash and rinse the anal area moving front to back. Use a different part of the washcloth for each wipe.**	❑	❑
	Note: Moisture between skinfolds may cause cracking of the skin and skin breakdown.		

on them already. Let's go through them to be sure we all have the correct answers before you leave today.

Congratulations! You have just finished the last training session for Year Two of the Direct Support Professional Training. Great job and thank you all for your participation in these classes.

Your Resource Guide and all the practice tests are great study tools to prepare for the assessment and to use as resource information for your career as a Direct Support Professional. Good Luck to you all!

Your Presentation Notes

Practice Questions
DIRECT SUPPORT PROFESSIONAL
CERTIFICATION EXAMINATION

NAME _____ DATE _____

DIRECTIONS: Use only a NO. 2 pencil. Make dark marks. Erase COMPLETELY to change your answer. Fill in your Social Security Number without any spaces between numbers. You will be given the test site number. Please bubble it in accurately.   USE NO. 2 PENCIL ONLY   Correct Mark: ▢▰▢▢   Incorrect Mark: ▱✓✗▨

1 ⊂A⊃   ⊂B⊃   ⊂C⊃   ⊂D⊃

2 ⊂A⊃   ⊂B⊃   ⊂C⊃   ⊂D⊃

3 ⊂A⊃   ⊂B⊃   ⊂C⊃   ⊂D⊃

4 ⊂A⊃   ⊂B⊃   ⊂C⊃   ⊂D⊃

5 ⊂A⊃   ⊂B⊃   ⊂C⊃   ⊂D⊃

6 ⊂A⊃   ⊂B⊃   ⊂C⊃   ⊂D⊃

7 ⊂A⊃   ⊂B⊃   ⊂C⊃   ⊂D⊃

8 ⊂A⊃   ⊂B⊃   ⊂C⊃   ⊂D⊃

9 ⊂A⊃   ⊂B⊃   ⊂C⊃   ⊂D⊃

10 ⊂A⊃   ⊂B⊃   ⊂C⊃   ⊂D⊃

Directions: On the form above, please mark your answers to the following
questions.

1. **Germs can be spread by:**
    A. Watching television
    B. Doing some exercises
    C. Coughing and sneezing
    D. Mowing the lawn

2. **The best way to control the spread of germs is:**
    A. Listening to talk shows
    B. Having private rooms
    C. Going to the doctor
    D. Using Standard Precautions

3. **Which is one of the four skills for assessing change in an individual?**
    A. Observation
    B. Reading
    C. Teaching
    D. Practice

4. Standard Precautions include:
   A. Brushing teeth
   B. Washing hands
   C. Bathing regularly
   D. Changing sheets

5. A Health History is:
   A. A list of old requirements for menu planning
   B. A collection of opinions about an individual's background
   C. The documentation about an individuals health care needs
   D. Some suggestions about the individuals likes and dislikes

6. Which one of the following is a Principle of Care?
   A. Sleeping
   B. Eating
   C. Communicating
   D. Walking

7. Which statement is a fact?
   A. I think he is eating too much for dinner tonight
   B. I believe she likes to take a bath in the morning
   C. I weighed Nancy and the scale read 112 lbs.
   D. I thought she was sad because she was crying

8. Personal Care activities may include:
   A. Bathing, shopping, hair grooming
   B. Hair grooming, shaving, shopping
   C. Shopping, bathing, mouth care
   D. Hair grooming, mouth care, shaving

9. A DSP should wear disposable gloves when:
   A. Cleaning up urine and feces
   B. It is cold outside
   C. Talking on the phone
   D. Doing the yard work

10. Signs and symptoms are:
   A. Ads for the cure of the common cold
   B. Changes observed in the individual
   C. Hand and finger movements that spell words
   D. Notes about planned activities in the home

Resource Guide

Key Word Dictionary
Wellness: Promoting Good Health
Session #11

Assess
To recognize changes in an individual. For example, change can be anything such as a behavior, health condition, or activity level.

Dignity
Treating people with respect.

Disinfect
To kill or eliminate most germs with a chemical solution.

Documenting
The process of recording the changes in an individual's daily routine or health care needs that have been noted through the assessment skills of listening, questioning and observing.

Germs
Bacteria or microorganisms that are alive and need warmth, moisture, darkness and oxygen to grow and live. Some germs are helpful to digestion of food and the elimination of bodily waste. Other germs are harmful and cause illness or infection.

Health History
A document that has medical history and current information about an individual's health care needs.

Infection
Germs in the body that may cause illness or injury if not treated.

Mouth Care
The care of the teeth and gums through brushing, flossing and routine dental check-ups.

Plaque
The sticky, bacteria and germs that build up on the teeth and can cause infection.

Principles of Care
A set of guidelines for working with individuals that includes safety, privacy, dignity, communication, infection control and independence.

Privacy
Assuring that an individual's personal care needs remain confidential.

Signs and Symptoms
Observation is about noticing change in a person's health, attitude, or behavior. Changes that are observed are called signs. The signs may be a symptom or indicate the presence of a disease, illness or injury. A symptom may also mean that someone is getting better.

Standard (Universal) Precautions
Standard Precautions are an approach to infection control. These precautions apply to all blood, all body fluids, secretions and excretions (urine and feces), whether or not they contain visible blood. They also apply to mucous membranes and where there is a cut or abrasion. Standard Precautions protect both the individual being assisted and the DSP. Standard Precautions include the use of disposable gloves and handwashing.

Resources for Wellness: Promoting Good Health

Developmental Disabilities: Resources for Healthcare Providers
http://www.ddhealthinfo.org/

Brushing and Flossing (1995). Kramer Communications.

Overcoming Obstacles to Dental Health (1995). Training Project, Univesity of the Pacific, and Far Northern, North Bay, and Redwood Coast Regional Centers.

The ABC's of Safe and Healthy Child Care (1996). California Department of Health Services.

If You Want to Read More About
Wellness: Promoting Good Health

Developmental Disabilities: Resources for Healthcare Providers
http://www.ddhealthinfo.org/

Foundations for Caregivers (1993). American Red Cross.

Health Care Choices for Today's Consumer (1995). Marc S. Miller, Editor.

Healthy Smiles for Children with Special Needs (1996). San Diego Regional Center and Anderson Center for Dental Care.

Overcoming Obstacles to Dental Health (1995). Training Project, Univesity of the Pacific, and Far Northern, North Bay, and Redwood Coast Regional Centers.

Quality of Life in Health Promotion and Rehabilitation (1996). Rebecca Renwith, Ivan Brown, Mark Nagler, Editors.

The ABC's of Safe and Healthy Child Care (1996). California Department of Health Services.

Training Inservice (2000). Valley Mountain Regional Center.

Standard Precautions Inservice (2000). San Diego Regional Center.

Information Brief

Protection from Abuse

Introduction

There is a special concern for the abuse of children, dependent adults, and the elderly. As they are more vulnerable than others, such individuals face greater risk of abuse. Reporting suspected abuse will, hopefully, not occur often in your work as a DSP. However, it's important to know your responsibilities should you need to act.

Dependent adult abuse is defined as physical abuse, neglect, financial abuse, abandonment, isolation, abduction or other treatment with resulting physical harm of pain or mental suffering, or the deprivation by a care provider *of goods and services which* are necessary to avoid physical harm or mental suffering. **Child abuse** is defined as physical injury, which is inflicted by other than accidental means on a *child by* another person, sexual abuse, willful cruelty or unjustifiable punishment *of a child, unlawful* corporal punishment or injury and neglect.

Protection Against Abuse

The DSP can help protect individuals from abuse through:

Observation - pay attention to individuals in your care. Many are nonverbal and can't tell you when something is wrong.

Communication - talk with individuals and other DSP daily.

Conversation - talk with day programs, work and others.

Documentation - write down what you see and hear.

Review - look at what you have written for patterns.

Report - if abuse is **known or suspected**.

Reporting Requirements for Child Abuse

California law requires that any child care custodian, health care practitioner, or employee of a child protective agency who knows or reasonably suspects child abuse **must** report the abuse to a child protective agency immediately or as soon as practically possible by telephone and to send a written report within **36** hours of receiving the information concerning the incident.

Reporting Requirements for Adult Abuse

A **dependent adult** is any California resident 18 to 64 years of age, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Included is any person 18-64 years of age, regardless of physical or mental condition, who is admitted as an inpatient to a 24-hour health facility.

An **elder** is anyone residing in California, who is 65 years of age or older, whether or not impaired mentally or physically.

California law requires care custodians and health practitioners to report certain kinds of abuse. Care custodians are administrators of certain public or private facilities, including but not limited to, community care facilities, 24-hour health facilities, respite care facilities, foster homes, schools, sheltered workshops, regional centers and offices or clinics.

Mandatory Reporting

DSPs are considered mandated reporters with a legal duty to report suspicion or knowledge of child, dependent adult, or elder abuse. Failure to report can result in a mandated reporter being held liable for both criminal and civil consequences. Conversely, the mandated reporter has complete immunity from legal actions even if the report turns out to be false.

All allegations of *abuse shall be reported* by telephone as soon as possible to either Child Protective Services, Adult Protective Services or the Ombudsman's office depending upon the age of the victim and the location of the alleged abuse. If the victim is a child the report will be made to *Child Protective Services with* a written follow up *report* to be submitted within 36 hours. If the victim is an adult *and* the abuse occurred in a long term care facility, the *alleged abuse is reported* to the Ombudsman's office. If the alleged abuse occurred at any other location, the report is made to Adult Protective Services. The telephone report concerning an adult shall be followed up with a written report within two working days.

Ombudsman Office Department of Aging

Each county is required to have an office devoted to the Ombudsman. This office receives reports of abuse to dependent adults if the abuse occurs in any long-term facility (nursing homes, residential facilities, foster homes, any licensed or unlicensed *residential* facility providing care and supervision).
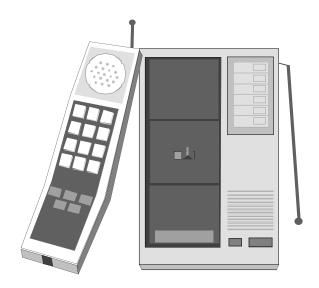
Adult Protective Services California Department of Social Services

Each county is required to have an office devoted to Adult Protective Services. This office receives reports of abuse to dependent adults. Each report is assigned to a case worker for investigation, assessment, and referral to appropriate agencies. The law requires mandated reporters to make a verbal report immediately, followed by a written report within two working days. When the suspected victim resides in a domestic setting, the abuse should be reported to the county Adult Protective Services Agency. If the abuse occurs in any long-term care facility (nursing homes, residential facilities, foster homes, or any licensed or unlicensed facility providing care and supervision), it must be reported to the local ombudsman program.

Child Protective Services Department of Social Services

Each county is mandated to have an office devoted to Child Protective Services. This office receives reports of abuse to children. Each report is assigned to a case worker for investigation, assessment and referral to appropriate agencies.

Child Protective Services is usually housed in the county Social Services department. To find the nearest office, look in the county government pages of the telephone directory under "Social Services; Children's Services and/or Child Protective Services." Many counties have 24-hour hotlines.

Elder and Dependent Adult Abuse
(excerpted from Los Angeles Infoline)

Quick Checklist. When an elderly person or dependent adult is being abused, neglected or exploited, prioritize for safety:

1. Is the person being injured or otherwise endangered at that moment? If **YES**, call the police or paramedics.

2. Is the suspected abuse occurring in a residential facility or adult day health center? If **YES**, report to the local Long Term Care Ombudsman.

3. Is the abuse occurring outside of a residential facility? If **YES**, report to Adult Protective Services.

Definitions. Listed below are possible indicators of abuse (adapted from guidelines developed by Adult Protective Services):

Physical Abuse: Pushing, shoving, shaking, slapping, or beating, or unreasonable restraint.
Indicators: unexplained bruises, welts, or burns; friction marks; bleeding scalp; detached retina; unset broken bones or other untreated injuries; any repeated injuries. Frequent emergency room visits. Frequent changes of doctors. Conflicting or implausible explanations of injuries.

Neglect: Failure to provide basic needs such as food, shelter, or medical treatment, or abandonment.
Indicators: dehydration or malnourishment; untreated bed sores; medication withheld or improperly self-administered; poor personal hygiene; soiled clothing or bedding left unchanged; keeping appliances the person needs such as bedside commode or walker out of reach; lack of clothing or other necessities; inadequate heat or ventilation; safety hazards in home.

Psychological Abuse: Verbal threats or insults, or other intimidating behavior.
Indicators: caregiver accuses the abused person of being incontinent on purpose; threatens him with placement in a nursing home.

Financial Exploitation: Mismanagement of money; theft of property.
Indicators: missing property; unpaid bills or rent; lack of clothing or other basics; unexplained bank account or auto-teller withdrawals; unexpected changes in wills or titles to property; adult's money not being spent on clothes or other basics needs.

Other Indicators of Abuse: Abused adult is kept isolated from family or friends and not allowed to speak for himself. Caregiver resists assistance from social service agencies. Caregiver has a history of abusing others. Caregiver appears angry at elder or dependent adult. Abused person may appear fearful, withdrawn, depressed, or confused (and these conditions are not caused by mental dysfunction).

Child Abuse
(excerpted from Los Angeles Infoline)

Quick Checklist. When a child is abused or neglected, prioritize for safety:

1. Is the child being injured or otherwise endangered at that moment? If **YES**, call the police.

2. Is abuse or neglect suspected? If YES, report to Child Protective Services.

Definitions. Child abuse (the abuse of a person under 18 years of age) may include physical, sexual, or emotional abuse; neglect; exploitation; or abandonment. Listed below are possible indicators adapted from Department of Children's Services guidelines:

Physical abuse: deliberate injury (usually overpunishment).
Indicators: unexplained and/or untreated fractures; multiple fractures; unexplained welts; bruises on parts of the body which aren't normally bruised in accidental bumps or falls; friction marks (rope burns); cigarette burns; immersion burns, caused by immersion in scalding water, (sock-like burns on feet, doughnut-shaped burns on buttocks, glove-like burns on hands). Pattern of injuries regularly appearing after weekends, vacations, or other absences. Injuries where the explanation doesn't match the injury.

Sexual Abuse: oral, anal, or vaginal intercourse; fondling; exhibitionism.
Indicators: difficulty in walking or sitting down; pain or itching in genital area; vaginal or anal bleeding; bruised genitalia; bloody underclothing; sexually transmitted disease or pregnancy in children who are probably too young to have dating relationships.

Neglect: inadequate food, shelter, clothing, supervision, or medical or dental care; abandonment.
Indicators: constant hunger; poor hygiene; inadequate clothing; lack of supervision, especially for long periods or when child is engaged in dangerous activities; medical needs left untreated; medical diagnosis of malnourishment or non-organic failure to thrive.

Emotional Abuse: cruelty; unjustifiable punishment.
Indicators: child reports punishment which is excessive, bizarre or humiliating; medical diagnosis of non-organic failure to thrive; child's inappropriate behavior (infantile or antisocial); child's suicide attempts.

Information Brief
Incident Reporting

Title 22

Each licensee shall furnish to the licensing agency reports including, but not limited to:

1. Death of any client from any cause.
2. Any injury to any client which requires medical treatment.
3. Any unusual incident or absence which threatens the physical or emotional health or safety of any client.
4. Any suspected physical or psychological abuse of any clients.
5. Epidemic outbreaks.
6. Poisonings.
7. Catastrophes.
8. Fires or explosions which occur in or on the premises.

A REPORT BY TELEPHONE SHALL BE MADE TO THE LICENSING AGENCY WITHIN THE AGENCY'S NEXT WORKING DAY DURING ITS NORMAL BUSINESS HOURS. A WRITTEN REPORT SHALL BE SUBMITTED TO THE LICENSING AGENCY WITHIN SEVEN DAYS FOLLOWING THE OCCURRENCE OF EVENT.

A sample reporting form is on the following two pages.

Title 17

Special Incident Reporting is the documentation prepared by DSPs detailing special incidents and provided to the regional center. Special incidents are those incidents which:

1. Have resulted in serious bodily injury, serious physical harm, or death.
2. Have resulted in the use of emergency intervention procedures.
3. May result in criminal charges or legal action.
4. Result in the denial of a client's rights.
5. Or, are any of the following: epidemic outbreaks, poisonings, catastrophes, fires or explosions.

ALL PROVIDERS SHALL NOTIFY, BY TELEPHONE, THE REGIONAL CENTER OF ANY SPECIAL INCIDENTS, AS SOON AS POSSIBLE, AND IN NO CASE LATER THEN THE END OF THE VENDOR'S BUSINESS DAY. A WRITTEN REPORT SHALL BE SUBMITTED TO THE REGIONAL CENTER WITHIN 24 HOURS OF THE INCIDENT.

Some Regional Centers have a form for your use, others allow use of the Licensing Form. **IF IN DOUBT - FILL IT OUT.**

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

(REPLICATION OF ORIGINAL)
UNUSUAL INCIDENT/INJURY/ DEATH REPORT

INSTRUCTIONS: NOTIFY THE LICENSING AGENCY AND, APPLICABLE, PERSON(S) AND/OR PLACEMENT AGENCY(IES) RESPONSIBLE FOR CLIENT(S) WITHIN THE AGENCY'S NEXT WORKING DAY OF ANY UNUSUAL EVENT, INCIDENT, INJURY REQUIRING MEDICAL TREATMENT AS DETERMINED BY PHYSICIAN OR DEATH. COMPLETE SECTIONS I, II, AND/OR III AS APPROPRIATE. ATTACH SHEET IF ADDITIONAL SPACE IS NEEDED. SEND ORIGINAL TO THE LICENSING AGENCY WITHIN 7 DAYS OF THE EVENT. RETAIN A COPY IN CLIENT(S) FILE. RESIDENTIAL FACILITIES FOR THE ELDERLY SHALL COMPLY WITH SECTION 87508 REGARDING THIS REQUIREMENT.

CHECK ONE OR MORE BOXES:

❏ Incident   ❏ Injury   ❏ Death

Date of Occurrence:

Name of Facility	Facility File Number	Telephone Number ( )

Address

Client(s) Involved	Age	Sex	Date of Admission
1.			
2.			
3.			
4.			
5.			

I. UNUSUAL EVENT OR INCIDENT - UNUSUAL INCIDENTS INCLUDE CLIENT ABUSE, UNEXPLAINED ABSENCES, OR ANYTHING THAT AFFECTS THE PHYSICAL OR EMOTIONAL HEALTH AND SAFETY OF ANY CLIENT AND EPIDEMIC OUTBREAKS, POISONINGS, CATASTROPHES, FACILITY FIRES OR EXPLOSIONS.

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION AND NATURE OF INCIDENT)

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN - INCLUDE PERSONS CONTACTED AND IF INJURY OCCURRED COMPLETE SECTION II

DESCRIBE WHAT FOLLOW-UP ACTION IS PLANNED - INCLUDE STEPS TO BE TAKE TO PREVENT OCCURRENCE

II. INJURY REQUIRING MEDICAL TREATMENT
DESCRIBE HOW AND WHERE INJURY OCCURRED

WHAT APPEARS TO BE THE EXTENT OF THE INJURIES?
_____
_____
_____

PERSONS WHO OBSERVED THE INJURY
_____
_____

ATTENDING PHYSICIAN'S NAME, FINDINGS AND TREATMENT
_____
_____

III. DEATH REPORT
_____

DATE AND TIME OF DEATH   PLACE OF DEATH

_____

DESCRIBE IMMEDIATE CAUSE OF DEATH (IF CORONER REPORT MADE, SEND A COPY WITHIN 30 DAYS)
_____
_____
_____
_____

DESCRIBE CONDITIONS CONTRIBUTING TO DEATH
_____
_____
_____
_____

WHAT ACTION DID YOU TAKE?
_____
_____
_____
_____
_____
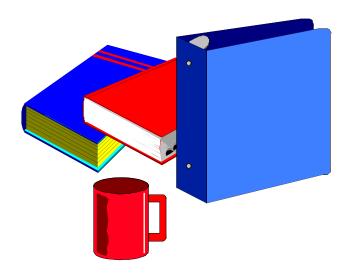
NAME OF ATTENDING PHYSICIAN
_____

NAME OF MORTICIAN
_____

SIGNATURE OF PERSON REPORTING   **DATE**
_____

SIGNATURE OF LICENSEE ADMINISTRATOR   **DATE**
_____

**Year 2
Direct Support Professional Training**

Teacher's Resource Guide

Session #12
Assessment

**Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services
2000**

List of Class Sessions

Session	Topic	Time
1	Introduction and Supporting Choice: Identifying Preferences	3 hours
2	Person-Centered Planning and Services	3 hours
3	Person-Centered Planning and Services	3 hours
4	Positive Behavior Support: Understanding Behavior as Communication	3 hours
5	Positive Behavior Support: Adapting Support Strategies to Ensure Success	3 hours
6	Teaching Strategies: Personalizing Skill Development	3 hours
7	Teaching Strategies: Ensuring Meaningful Life Skills	3 hours
8	Supporting Quality Life Transitions	3 hours
9	Communication, Problem-Solving and Conflict Resolution	3 hours
10	Wellness: Medication	3 hours
11	Wellness: Promoting Good Health	3 hours
12	**Assessment**	**2 hours**
	Total Class Sessions **Total Class Time**	**12** **35 hours**

Key Word Dictionary

A-B-C data
The recording of Antecedents (A), the Behavior (B), and the Consequences (C) when a challenging behavior happens. By writing down this information each time a challenging behavior happens, it is easier to identify Antecedents and Consequences that happen most often before and after the behavior. You can record A-B-C data on a sheet of paper by making 3 sections (one each for Antecedents, Behavior and Consequences).

Active Listening
The key elements of active listing are: (1) hear the words; (2) figure them out; and (3) then respond.

Activities
Activities are things people do that are not related to work or chores: things a person does for fun, leisure and recreation.

Adaptive Technology and Environmental Adaptations
Objects and devices that are made or changed specifically to help an individual learn or do an important skill. For example, controls on a TV may be painted with colors to help an individual pick out the off/on button or the channel change button. Adaptive devices (also called environmental adaptations because they change or adapt the regular environment) can be used to make learning a new skill easier, to help an individual overcome a physical or sensory disability, or to make learning a new skill more fun.

Age Appropriate
Learning and doing things that are similar to what people without disabilities of the same age group usually do. When teaching skills to individuals with developmental disabilities, it is usually in the best interest of the individuals to teach skills that are the same skills that other people their age learn and do.

Antecedent
The things that happen BEFORE the behavior, like what time it was, where the behavior took place, what activity was happening, and who was around. We want to identify antecedents that happen before a certain behavior so that we can understand when, where, with whom and during what activities the behavior will be more and less likely to happen.

Approach Behavior
An approach behavior might include smiling, reaching for, leaning toward or looking at a particular choice item.

Ask, Observe, Ask Others
The best way to find out about someone's like and dislikes is to ask him or her. When an individual cannot speak for him or herself, it's important for the DSP to spend more time observing activities at the home and the way that people respond to them. If someone is new to the home or it's difficult to figure out his or her preferences, it's important to start writing down preferred choices from the beginning. It's also important to provide those choices again to make sure that your hunches are correct. You will also want to ask others. If there are family and friends, or day program staff who know the person well, remember to ask them questions about preferences. Finally, you may find additional information about preferences in the individual record.

Assess
To recognize changes in an individual. For example, change can be anything such as a behavior, health condition, or activity level.

Attachment or Bond
The process of developing a close relationship to a parent, sibling or caregiver.

Avoidance Behavior
Instead of approaching a choice item when presented, an individual might avoid it. For example, turn away from the item, push it away, or frown.

Behavior Triggers
Triggers are the things that will usually "set a behavior off." A trigger can be a place, person, thing, or activity.

Behavior Function
The function (or meaning) of a behavior is what the person is getting or avoiding through their behavior. For example; "An individual yells in order to be sent to his room and avoid doing the dishes."

Chaining
Teaching one step in a skill at a time, and teaching each step in a set order.

Charting Progress
We can see if a behavior is improving by taking data on the behavior frequency and length, or by recording the damage or injury caused by the behavior.   When the data shows that the behavior isn't happening as much as it used to, or is causing less damage & injury, we can say that there is progress. If the behavior stays the same (or gets worse), then there hasn't been any progress over time.

Choice

A choice is a statement of preference. Selecting something to do from one or more options. Choice opportunities must be provided in a way that each individual understands. Individuals with developmental disabilities have a right to make choices including where and with whom to live, the way they spend their time each day and with whom, what things to do for fun, and plans for the future. Making frequent choices increases one's life enjoyment. Choice means having control and confidence in our lives.

Choice-Making Skills

The ability to know personal likes and dislikes and to choose between people, places, food, and activities when those choices are presented.

Choice Opportunities

Those situations where someone is provided with a choice between two or more activities, foods, etc.

Communication

Communication is the process of sending and receiving information to others. We communicate for many reasons, including: (1) giving and getting information; (2) expressing feelings; (3) problem solving; (4) teaching; (5) socializing; (6) persuading; (7) decision-making; and (8) building relationships. Regardless of the reason we are communicating, it is important to be clear about the message, and be certain that we understand another person's message to us.

Communication Systems

The basic types of communication systems are: (1) sign language; (2) communication boards; and (3) gestures.

Conflict Management

Looking at both sides of a conflict, figuring out what both sides want and finding answers that work for both parties.

Consequence

The things that happen immediately after the behavior, like reactions or attention from people, getting something (like food, candy, toys, or other objects), being removed from an activity or place, and other things that people may say or do. We want to identify the consequences that usually happen after a challenging behavior, because there is a good chance that these consequences are reinforcing (making it more likely to happen again).

Coping Strategies

Things that a person can do to help them to calm down when they get upset or angry. This can include taking a deep breath, talking to someone about what is bothering them, going for a walk, taking a break, etc. All people use a variety of these strategies as part of their self-control plan.

Decision-Making

The ability to look at a situation, weigh all of the possibilities and make an informed choice.

Developmental Delay

A delay in one or more areas (for example, speech, motor) that makes it difficult for an individual to progress through 'typical' developmental stages.

Dignity

Treating people with respect.

Direct Support Professional

The term *direct support professional* (DSP) describes persons who work with people with disabilities in the places where these individuals live and work. Assists individuals in making choices; in leading self-directed lives; and in contributing to their communities. Finally, they encourage attitudes and behaviors in the community that support the inclusion of individuals with developmental disabilities.

Disinfect

To kill or eliminate most germs with a chemical solution.

Documentation

Documentation is the written recording of events, observations and care provided.

Documenting

The process of recording the changes in an individual's daily routine or health care needs that have been noted through the assessment skills of listening, questioning and observing.

Drug (Medication) Interactions

Drug interactions are the pharmacological result, either desirable or undesirable, of drugs interacting with themselves, other drugs, foods, alcohol, or other substances, such as herbs or other nutrients.

Generalization

Learning to use a newly learned skill in whatever situation the individual needs or wants to use the skill. Generalization is an important part of teaching in that we want to help an individual *generalize* or apply the skill not only during the teaching situation, but in any situation the individual needs or wants to use the skill.

Generic Name

Generic name is the name given by the federal government to a drug.

Germs
Bacteria or microorganisms that are alive and need warmth, moisture, darkness and oxygen to grow and live. Some germs are helpful to digestion of food and the elimination of bodily waste. Other germs are harmful and cause illness or infection.

Goal
Goals are the things that people want to do in the next few years. They are the choices that people make about where to live, what to do during the day, who to spend time with, what to do for fun and hopes and dreams

Grief Reaction
The process of learning to live with the loss of a relative, friend or caregiver to a permanent departure or death.

Health History
A document that has medical history and current information about an individual's health care needs.

Infection
Germs in the body that may cause illness or injury if not treated.

Life Stages
A portion of a person's life that is related to age and has certain "milestones" that are common events, such as starting school in early childhood or retiring when one reaches older age.

Life Quality
Characteristics of a person's life that include those things that the person feels are most important, like good friends, health, and a safe place to live.

Likes and Dislikes
The foods, activities, people and places that individuals choose or do not choose (sometimes referred to as preferences).

Meaningful Skills
Skills that help individuals live their lives in an independent and enjoyable way. All teaching programs should teach skills that are meaningful to the individual learner.

Meaningful Teaching Materials
Using materials that have importance to the individual (for example, materials known by the individual, things which are reinforcing to the individual).

Meaningful Teaching Plans
Plans which focus on skills that: (1) individual could not do for him or herself; (2) can be used often; (3) teach age-appropriate skills; (4) support an individual in getting something wanted or avoid something unwanted without challenging behavior; and (5) that lead to natural outcomes.

Medication Error
Medication error is any time that the right medications is not administered to the right person in the right amount at the right time and by the right route or method (as prescribed).

Medications
Medications are substances taken into the body (or applied to) for the purpose of prevention, treatment, relief of symptoms, or cure.

Most-to-Least Prompting Strategies
Using these strategies, you initially guide the individual through all of the steps and then provide less and less assistance on later attempts.

Mouth Care
The care of the teeth and gums through brushing, flossing and routine dental check-ups.

Natural Outcomes
Natural outcomes refers to achieving things in natural settings in which people live, work and play. Natural outcomes are the goal of teaching: to support people with disabilities in doing things in settings in which people naturally live, work and play. For example, drinking coffee is the natural outcome for making it or buying it at a coffee shop. Gaining natural outcomes helps people live independently and enjoyably.

Objective
Objectives are the steps needed to move toward a goal. An objective needs to have a date written into it so the team will know if the goal is getting closer.

Opthalmic
Opthalmic refers to the eyes.

Otic
Otic refers to the ears.

Over-the-Counter Medications
Over-the-counter medications which can be purchased without a prescription.

Partial Participation

Teaching or supporting an individual to participate in an activity even if the individual does not have the skills to do all of the activity, but has some of the skills to *partially* participate in the activity. Having opportunities to partially participate in an activity can help individuals enjoy their daily lives more and learn more skills.

Person-Centered

Supporting people with disabilities in making their own choices for everyday and major lifestyle decisions.

Person-Centered Individual Program Plan

The person-centered planning process helps the team figure out the preferences, needs and choices of an individual. Once that process is completed, the team talks about the kinds of services needed to support the person now and in the future and the person-centered Individual Program Plan is developed. The plan includes: (1) kinds of services and supports the individual needs, (2) who will provide each service and support, and (3) how these services and supports will assist the individual to have opportunities to experience what is important to him or her and to get moving towards his/her goals for the future.

Person-Centered Planning

Person-centered planning is one way of figuring out where someone is going (life goals) and what kinds of support they need to get there. Part of it is asking the person, their family, friends and people who work with him or her about the things she or he likes to do (preferences) and can do well (strengths and capabilities). It is also finding out what things get in the way (barriers) of doing the things people like to do.

Person-Centered Planning Team

Everyone who uses regional center services has a planning team. The people on the team must be the person who uses regional center services (and family members if someone is under 18 years old), the regional center service coordinator (social worker, case manager, or counselor) or someone else from the regional center. The team can also include people who are asked to be there by the individual like family, friends and *direct support professionals*.

Pharmacy

Pharmacy is the practice of preparing and dispensing drugs. The physical building where drugs are dispensed is also referred to as the pharmacy or drug store.

Pharmacist

Pharmacist is a licensed individual who prepares and dispenses drugs and is knowledgeable about their contents.

Physicians

Physicians are medical doctors.

Plaque

The sticky, bacteria and germs that build up on the teeth and can cause
infection.

Preferences

Preferences are things like how an individual wants to spend time each day, the kinds of
food someone prefers, their personal and cultural traditions, family connections,
friendships whom they want to spend time with, and their hopes and dreams for the
future.

Principles of Care

A set of guidelines for working with individuals that includes safety, privacy, dignity,
communication, infection control and independence.

Privacy

Assuring that an individual's personal care needs remain confidential.

PRN

PRN (pro re nata) stands for as necessary.

Recording Progress

As a DSP, you will be asked to provide information to the team about individual progress
on goals and objectives. This is usually done by writing progress notes on each individual.
In progress notes, you will be writing about: (1) progress on individual goals; or (2) things
that are and are not going well for an individual; or (3) goods ways that you have found
to work with an individual.

Regional Center

In California, many services for people with (or 'at risk') of a developmental disability are
coordinated through a network of twenty-one, non-profit Regional Centers established by
the Lanterman Act. If a person is eligible, Regional Centers provide planning and related
services, including service coordination.

Regional Center Service Coordinator

Service coordinators (sometimes called case managers or social workers) help individuals
and families with the information they need to use community services and supports. In
addition to helping develop the Individual Program Plan (IPP), service coordinators help
arrange for the services and supports mentioned in the IPP.

Reinforcement

Includes certain types of attention, toys, objects, foods, people places, activities and things that an INDIVIDUAL seeks to get. What is meaningful to one person may not be meaningful to another person. Since we are all different, it is important that we use reinforcement that is meaningful to the individual.

Replacement Behavior

The new skills and behaviors that we want to teach the person as an alternative to the challenging behavior.

Responsive Teaching

Teaching skills to an individual in a manner that is best suited to the individual. The exact way of teaching is based on how the individual *responds* to the teaching. Responsive teaching is a way to make sure the teaching is effective for the individual and that the individual likes the way the teaching occurs.

Review Dates

The IPP should have written into it some times or review dates, when everyone on the team will get together and look at how things are going. This is a time to find out if the individual (and their family if someone is under 18) is happy with their current services and supports and if there is progress towards individual goals. If things aren't going well on one of the goals or if someone is unhappy with their services and supports, then it may be time to change the plan and the services and supports.

Self-Administration

Self-administration of medications is the independent management of one's medication. Individuals must be able to recognize and understand why they are taking each medication.

Self-Control Plan

Outlines the coping strategies a person uses (or is learning to use) in order to calm down and regain their self-control when they get upset or angry. It also states how the coping strategies will be taught and practiced by the person. A written Self-Control Plan is sometimes included in the Support Plan.

Services and Supports

There are many kinds of **services and supports** that can be listed in an Individual Program Plan, depending on the support needs of the individual. Some of those services and supports are: (1) **a place to live** (for example, emergency housing, foster family, group home, supported living, help in finding a place, homemaker services); (2) **a place to learn or work** (for example, education, day program, workshop, supported employment, competitive employment); (3) **getting around** (for example, transportation, travel training, recreation, adaptive equipment); and, (4) **staying healthy** (for example, counseling, mental health services, medical or dental services.

Shaping
Teaching a skill by reinforcing behaviors that appear closer and closer to the desired skill.

Side Effects
Side effects are effects produced by the medication other than the one for which it was prescribed. Side effects may be desirable or undesirable, predictable or unpredictable, harmless or dangerous, sometimes even deadly (fatal).

Sign Language
Using hand signs to communicate letters, words, phrases, and feelings.

Signs and Symptoms
Observation is about noticing change in a person's health, attitude, or behavior. Changes that are observed are called signs. The signs may be a symptom or indicate the presence of a disease, illness or injury. A symptom may also mean that someone is getting better.

Skill Maintenance
Refers to a person being able to perform a skill long after the person has learned the skill. Teaching programs should be set up to help people do the skills for a long time – to *maintain* the skills over time.

Special Health Care Needs
May include respiratory and or feeding problems which require specialized support from the caregiver. For example, an infant's breathing may be recorded by a cardiorespiratory monitor, or a child may be need to be fed using an internal feeding tube.

Standard (Universal) Precautions
Standard Precautions are an approach to infection control. These precautions apply to all blood, all body fluids, secretions and excretions (urine and feces), whether or not they contain visible blood. They also apply to mucous membranes and where there is a cut or abrasion. Standard Precautions protect both the individual being assisted and the DSP. Standard Precautions include the use of disposable gloves and handwashing.

Support Plan
Sometimes called a "Behavior Plan", "Behavior Intervention Plan", or "Behavior Program." It is a written document or plan with goals for teaching certain behaviors & skills and is often included in an individuals ISP, IPP and/or IEP. The Support Plan will usually outline the Support Strategies to be used by the DSP to help the individual to meet his/her goals.

Support Strategies
The ways we teach and help a person to learn new skills and behaviors.   They can include <u>how</u> we communicate with and give information to the person, <u>how</u> we try to teach the person new skills, and <u>how</u> we give feedback to the person after they have done something well or made a mistake.

Teaching Choice-Making
The different ways used to present opportunities for choices in what, how, where, when and with whom people do activities. The result of this teaching is choice-making.

Teamwork
Teamwork is about sharing, cooperating, and helping one another. An effective team is a group of people working together with a common purpose, who value each others contributions and are working toward a common goal. Working through teams usually gets better results than a lot of individual efforts which may be working against each other.

Time Delay Prompting
Initially provide a prompt when the natural cue to perform the task is presented and then delay the prompt a few seconds after the cue is presented on later trials.

Trade Name
Trade name, or brand name, is the name given by the manufacturer to a drug.

Transition
The process of moving from one important life stage to another. Most often referred to when moving from adolescence to adulthood.

Year 2 Teacher

Quiz Instruction Sheet

Supplies: One quiz sheet for each student. One copy of the answer key for trainer. A Student Summary Sheet for each student.

Trainer Instructions: There is a 10-question quiz for each session of the Year 2 training. Each quiz is in a True/False format. The final test at the end of the training (Session 12) will include questions from each quiz.

In all quizzes, the word "you" refers to the DSP. "Individual" or "person" refers to the person with developmental disabilities.

When you are ready to administer the quiz, hand one quiz to each student. Read the following directions out loud:

"Read each question carefully. Answer each question by circling T for True or F for False. Let's do an example together. Look at the question in the box at the top of your quiz sheet." (Read the question out loud. Have the class answer it together.)

1. **T / F**　　DSP stands for *Direct Support Professional*.

"The answer to this question is True, so the T is circled. Did everyone circle the T? Does anyone have any questions?"

After answering any questions and assisting any student who did not circle the T, say, **"You may begin."**

Have students complete the quiz individually. Each quiz should take approximately 10 minutes for students to complete.

Review the quiz as a group and have each student grade his or her own quiz. Ask students to write the number missed at the top of the page. Review all questions and discuss the right answer. If the quiz question is false, make sure that all the students know the "True" answer.

Record the results of each student's quiz on the Student Summary Sheet (along with attendance and skill check information). However you choose to record the scores e.g. collect the quizzes at the end of each session and return to students next session, all students must have a copy of the corrected quizzes in order to prepare for the test. At the end of the training class, the Student Summary Sheet is distributed to the student and his/her administrator by the ROCP. See the ROCP Procedure Manual, Section 3: Student Registration or Section 5: Distribution of Test Results for additional information.

Year 2 Teacher

Quizzes

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

> 1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** Making choices increases an individual's daily enjoyment.

2. **T / F** It is important to support an individual in making choices to increase his or her participation in activities, enjoyment of life and to decrease challenging behaviors.

3. **T / F** Choice-making opportunities must be presented in a way that each person can understand.

4. **T / F** It doesn't matter if you offer apple juice as a choice when you only have grape juice available.

5. **T / F** Choosing between a tuna fish or peanut butter sandwich for lunch is an example of an open-ended choice.

6. **T / F** Maria is learning about making choices. You ask Maria what she would like to do. She does not respond. You should ask the question in another way, offering Maria a choice of two activities.

7. **T / F** When you provide a choice opportunity you must respect the person's choice.

8. **T / F** Individuals often show they do not want an item by turning away, frowning or pushing the item away.

9. **T / F** You will be taking too much time to assist an individual if you offer the individual the option to take a bath <u>or</u> a shower.

10. **T / F** The more times a person has the opportunity to make a choice, the better he or she will learn to make choices.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** Having a good quality of life is not important to people with developmental disabilities.

2. **T / F** Your "must haves" are the things you need in your everyday life.

3. **T / F** People with developmental disabilities aren't able to make choices about where to live or with whom.

4. **T / F** The individuals you support should have the opportunity to do what they like to do.

5. **T / F** The purpose of person-centered planning is to figure out ways to support an individual's choices, needs and preferences.

6. **T / F** The individual with the developmental disability is the most important person on his or her planning team.

7. **T / F** Asking an individual about his or her likes and dislikes is one of the best ways to find out what he or she likes to do.

8. **T / F** A goal of person-centered planning is to make it easier for staff to plan large group activities.

9. **T / F** Regional center service coordinators help individuals find and access services that support individual choice.

10. **T / F** You should only communicate with an individual's family when there is a problem.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F**   DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F**   The regional center service coordinator helps write the IPP.

2. **T / F**   Goals tell you what the person wants to do or learn.

3. **T / F**   The IPP affects what you do every day with the people you support.

4. **T / F**   The team leader at an individual's planning team meeting makes the final decision about what is written in the IPP.

5. **T / F**   Your job includes helping the individual think about things he or she would like to talk about in his or her planning team meeting.

6. **T / F**   Objectives are the steps that will be taken to meet an IPP goal.

7. **T / F**   An IPP includes timelines for meeting goals and objectives.

8. **T / F**   Progress notes are written to document <u>only</u> negative events in a person's life.

9. **T / F**   When writing progress notes, you should write whatever comes to your mind.

10. **T / F**   "An individual with a disability" is an example of people first language.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F**   DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F**   Each time you are with a person you can help him or her learn to communicate.

2. **T / F**   A communication board is an example of a communication system.

3. **T / F**   Marion's words were not clear when she asked for dessert. To make sure that he had understood correctly, the DSP repeated what he thought he heard Marion say. This is an example of active listening.

4. **T / F**   An important part of understanding conflict is to try to see things as the other person sees them.

5. **T / F**   Consuelo needs help in communicating to the waitress about what she wants to order for lunch. The waitress brings juice but Consuelo had asked for a milkshake. You could be an advocate by helping Consuelo talk to the waitress about her choice of drinks.

6. **T / F**   The bus driver never stops where Ricky wants to stop. You should help Ricky talk to the bus driver.

7. **T / F**   If the person probably won't understand you, then you don't need to talk through each activity.

8. **T / F**   The first step in problem solving is to decide upon a solution.

9. **T / F**   Using "I" statements and sticking to the topic are both rules to use when resolving conflicts.

10. **T / F**   The best time to teach coping strategies is when a person is calm and in a good mood.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F**   DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F**   Behavior is a form of communication.

2. **T / F**   Behaviors are measurable, observable and can be documented.

3. **T / F**   A-B-C stands for Antecedent, Behavior, and Consistent.

4. **T / F**   An antecedent happens after a behavior.

5. **T / F**   Illness, pain and medication side effects are all examples of possible behavior "triggers" or things that may be a reason for a challenging behavior.

6. **T / F**   Smiling is an example of a tangible consequence.

7. **T / F**   If you don't see a pattern in a person's behavior, you should continue to observe and record A-B-C data.

8. **T / F**   The scatter plot is a tool for establishing staff rotation schedules.

9. **T / F**   Whining in order to avoid doing the dishes is an example of an escape behavior.

10. **T / F**   A functional assessment helps explain what the person's behavior is trying to tell you and what maintains the behavior.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F**   DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F**   When developing a positive behavior support plan, working as a team is the single most helpful strategy to use in identifying replacement skills.

2. **T / F**   A replacement behavior serves a different purpose for the individual than the challenging behavior.

3. **T / F**   Use the same teaching methods with everyone to save time.

4. **T / F**   Routines make life less predictable.

5. **T / F**   A stomach ache can be a behavior trigger.

6. **T / F**   It is more important to focus on what an individual is doing right than on what he or she is doing wrong.

7. **T / F**   If you want a behavior to happen again you must ignore it.

8. **T / F**   Ignore the behavior, not the person.

9. **T / F**   Data collection is important because it can show if an individual support plan is working or not working.

10. **T / F**   You have been following an individual's support plan to change a target behavior. The data you have been collecting shows that there has been no change in the behavior over time. This is a good time for the planning team to meet.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

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1. **T / F**   DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F**   The first step in teaching a new skill is establishing a good relationship with the person you are teaching.

2. **T / F**   If a person can't learn to do the entire skill, then don't teach it.

3. **T / F**   You should <u>only</u> reinforce an individual when he or she has learned the entire skill.

4. **T / F**   Providing a lot of help at the beginning and then less help as the person learns the skill is called *most-to-least assistive prompting.*

5. **T / F**   Using picture recipe cards can make teaching someone to cook easier.

6. **T / F**   The use of adaptive devices and environmental adaptations can help an individual to learn new skills and to overcome sensory and/or physical disabilities.

7. **T / F**   Listening to music while learning to wash dishes is an example of changing the physical environment to make learning more fun.

8. **T / F**   If a person can generalize a skill, he or she can then use it in any situation where the skill would be needed.

9. **T / F**   The skills you teach should help the person live, work and play more independently.

10. **T / F**   Teaching a person skills you think he or she should know is an example of being responsive to the person's individual learning style.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F**	DSP stands for *Direct Support Professional.*	

The answer is **True**, so the **T** is circled.

1. **T / F** The best way to teach meaningful skills is to do the skill for the person until he or she understands how to do it alone.

2. **T / F** Putting pegs in a pegboard over and over again is a functional skill for an adult.

3. **T / F** Functional skills are skills that all people need to live, work and play in their community.

4. **T / F** Teach all of the same skills to children and adults.

5. **T / F** It is best to use "play money" when teaching an individual how to make a purchase.

6. **T / F** A natural outcome of learning how to make a pizza is eating it after you bake it.

7. **T / F** The individual and people who know the individual best should help develop a teaching plan.

8. **T / F** When following a teaching plan to teach an individual a new skill, you should teach the steps in the task analysis in whatever order the individual wants.

9. **T / F** You can help an individual maintain a new skill that he or she has learned by providing opportunities for the individual to use the new skill. For example, an individual has learned to use a napkin. You help the individual maintain the new skill by making sure he or she has a napkin to use at every meal.

10. **T / F** The teaching plan should include opportunities for the person to practice the new skill in a natural setting.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F**   DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F**   Loss of familiar routines, loss of an important relationship or moving to a new living environment can all cause stress in an individual's life.

2. **T / F**   The stages of life include infancy, childhood, teenage years, adulthood and old age.

3. **T / F**   Grief is a natural part of learning to deal with a loss.

4. **T / F**   Everyone grieves in the same way.

5. **T / F**   <u>Never</u> shake a baby.

6. **T / F**   It's okay to leave an infant alone.

7. **T / F**   If over time Anton stops keeping his living area clean, it may mean he is losing his eyesight.

8. **T / F**   Decreasing caffeine consumption and increasing exercise may help a person sleep better.

9. **T / F**   Physical exercise should only be part of a daily routine for children.

10. **T / F**   Dancing to music on the radio, planting a vegetable garden and climbing up and down stairs are all examples of exercise.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F** *PRN* means medications must be taken daily.

2. **T / F** Medication should be stored in a locked cabinet or, if the medication needs to be refrigerated, in a locked container in the refrigerator.

3. **T / F** You must get a new medication label from the pharmacy if the doctor changes the dosage.

4. **T / F** Initial the medication log right after the person takes the medication, not before or hours later.

5. **T / F** If a medication has to be taken twice a day, it always means in the morning and at bedtime.

6. **T / F** Notify the person's physician immediately if a medication error occurs.

7. **T / F** Asking the pharmacist is a good way to find out about the possible side effects of medications.

8. **T / F** The first thing to do when assisting with the self administration of medication is to wash your hands.

9. **T / F** It's okay for you to decide to crush capsules when the individual is having trouble swallowing them.

10. **T / F** Regular kitchen teaspoons are accurate for measuring liquid medication.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

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1. **T / F**   DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F**   A person's health history includes family information and information about past and present illness.

2. **T / F**   You should talk and listen to a person in order to better understand his or her support needs.

3. **T / F**   Changes you observe in an individual may be signs and symptoms of an illness.

4. **T / F**   "I think she is eating too much," is a statement of fact.

5. **T / F**   Standard (or Universal) Precautions are rules for crossing the street.

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8. **T / F**   When the weather is cold and rainy, you should wear disposable gloves.

9. **T / F**   An important part of your job is to protect yourself and the individuals you support from accidents and injury.

10. **T / F**   Red swollen gums, bleeding gums and loose teeth are signs of a healthy mouth.

Year 2 Teacher

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / **F**   DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T** / **F**   Making choices increases an individual's daily enjoyment.

2. **T** / **F**   It is important to support an individual in making choices to increase his or her participation in activities, enjoyment of life and to decrease challenging behaviors.

3. **T** / **F**   Choice-making opportunities must be presented in a way that each person can understand.

4. **T** / **F**   It doesn't matter if you offer apple juice as a choice when you only have grape juice available.

5. **T** / **F**   Choosing between a tuna fish or peanut butter sandwich for lunch is an example of an open-ended choice.

6. **T** / **F**   Maria is learning about making choices. You ask Maria what she would like to do. She does not respond. You should ask the question in another way, offering Maria a choice of two activities.

7. **T** / **F**   When you provide a choice opportunity you must respect the person's choice.

8. **T** / **F**   Individuals often show they do not want an item by turning away, frowning or pushing the item away.

9. **T** / **F**   You will be taking too much time to assist an individual if you offer the individual the option to take a bath <u>or</u> a shower.

10. **T** / **F**   The more times a person has the opportunity to make a choice, the better he or she will learn to make choices.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F**	DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T / F̲**   Having a good quality of life is not important to people with developmental disabilities.

2. **T̲ / F**   Your "must haves" are the things you need in your everyday life.

3. **T / F̲**   People with developmental disabilities aren't able to make choices about where to live or with whom.

4. **T̲ / F**   The individuals you support should have the opportunity to do what they like to do.

5. **T̲ / F**   The purpose of person-centered planning is to figure out ways to support an individual's choices, needs and preferences.

6. **T̲ / F**   The individual with the developmental disability is the most important person on his or her planning team.

7. **T̲ / F**   Asking an individual about his or her likes and dislikes is one of the best ways to find out what he or she likes to do.

8. **T / F̲**   A goal of person-centered planning is to make it easier for staff to plan large group activities.

9. **T̲ / F**   Regional center service coordinators help individuals find and access services that support individual choice.

10. **T / F̲**   You should only communicate with an individual's family when there is a problem.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F**   DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T** / **F**   The regional center service coordinator helps write the IPP.

2. **T** / **F**   Goals tell you what the person wants to do or learn.

3. **T** / **F**   The IPP affects what you do every day with the people you support.

4. **T** / **F**   The team leader at an individual's planning team meeting makes the final decision about what is written in the IPP.

5. **T** / **F**   Your job includes helping the individual think about things he or she would like to talk about in his or her planning team meeting.

6. **T** / **F**   Objectives are the steps that will be taken to meet an IPP goal.

7. **T** / **F**   An IPP includes timelines for meeting goals and objectives.

8. **T** / **F**   Progress notes are written to document <u>only</u> negative events in a person's life.

9. **T** / **F**   When writing progress notes, you should write whatever comes to your mind.

10. **T** / **F**   "An individual with a disability" is an example of people first language.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T** / **F**   Each time you are with a person you can help him or her learn to communicate.

2. **T** / **F**   A communication board is an example of a communication system.

3. **T** / **F**   Marion's words were not clear when she asked for dessert. To make sure that he had understood correctly, the DSP repeated what he thought he heard Marion say. This is an example of active listening.

4. **T** / **F**   An important part of understanding conflict is to try to see things as the other person sees them.

5. **T** / **F**   Consuelo needs help in communicating to the waitress about what she wants to order for lunch. The waitress brings juice but Consuelo had asked for a milkshake. You could be an advocate by helping Consuelo talk to the waitress about her choice of drinks.

6. **T** / **F**   The bus driver never stops where Ricky wants to stop. You should help Ricky talk to the bus driver.

7. **T** / **F**   If the person probably won't understand you, then you don't need to talk through each activity.

8. **T** / **F**   The first step in problem solving is to decide upon a solution.

9. **T** / **F**   Using "I" statements and sticking to the topic are both rules to use when resolving conflicts.

10. **T** / **F**   The best time to teach coping strategies is when a person is calm and in a good mood.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1.	**T / F**	DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T** / **F**   Behavior is a form of communication.

2. **T** / **F**   Behaviors are measurable, observable and can be documented.

3. **T** / **F**   A-B-C stands for <u>A</u>ntecedent, <u>B</u>ehavior, and <u>C</u>onsistent.

4. **T** / **F**   An antecedent happens after a behavior.

5. **T** / **F**   Illness, pain and medication side effects are all examples of possible behavior "triggers" or things that may be a reason for a challenging behavior.

6. **T** / **F**   Smiling is an example of a tangible consequence.

7. **T** / **F**   If you don't see a pattern in a person's behavior, you should continue to observe and record A-B-C data.

8. **T** / **F**   The scatter plot is a tool for establishing staff rotation schedules.

9. **T** / **F**   Whining in order to avoid doing the dishes is an example of an escape behavior.

10. **T** / **F**   A functional assessment helps explain what the person's behavior is trying to tell you and what maintains the behavior.

Direct Support Professional Training Year 2
Session 6: Positive Behavior Support
Adapting Support Strategies to Ensure Success

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

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1. **T / F**   DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T** / **F**   When developing a positive behavior support plan, working as a team is the single most helpful strategy to use in identifying replacement skills.

2. **T** / **F**   A replacement behavior serves a different purpose for the individual than the challenging behavior.

3. **T** / **F**   Use the same teaching methods with everyone to save time.

4. **T** / **F**   Routines make life less predictable.

5. **T** / **F**   A stomach ache can be a behavior trigger.

6. **T** / **F**   It is more important to focus on what an individual is doing right than on what he or she is doing wrong.

7. **T** / **F**   If you want a behavior to happen again you must ignore it.

8. **T** / **F**   Ignore the behavior, not the person.

9. **T** / **F**   Data collection is important because it can show if an individual support plan is working or not working.

10. **T** / **F**   You have been following an individual's support plan to change a target behavior. The data you have been collecting shows that there has been no change in the behavior over time. This is a good time for the planning team to meet.

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F**   DSP stands for *Direct Support Professional.*

The answer is **True**, so the **T** is circled.

1. **T** / **F**   The first step in teaching a new skill is establishing a good relationship with the person you are teaching.

2. **T** / **F**   If a person can't learn to do the entire skill, then don't teach it.

3. **T** / **F**   You should <u>only</u> reinforce an individual when he or she has learned the entire skill.

4. **T** / **F**   Providing a lot of help at the beginning and then less help as the person learns the skill is called *most-to-least assistive prompting.*

5. **T** / **F**   Using picture recipe cards can make teaching someone to cook easier.

6. **T** / **F**   The use of adaptive devices and environmental adaptations can help an individual to learn new skills and to overcome sensory and/or physical disabilities.

7. **T** / **F**   Listening to music while learning to wash dishes is an example of changing the physical environment to make learning more fun.

8. **T** / **F**   If a person can generalize a skill, he or she can then use it in any situation where the skill would be needed.

9. **T** / **F**   The skills you teach should help the person live, work and play more independently.

10. **T** / **F**   Teaching a person skills you think he or she should know is an example of being responsive to the person's individual learning style.

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1. **T / <u>F</u>**   The best way to teach meaningful skills is to do the skill for the person until he or she understands how to do it alone.

2. **T / <u>F</u>**   Putting pegs in a pegboard over and over again is a functional skill for an adult.

3. **<u>T</u> / F**   Functional skills are skills that all people need to live, work and play in their community.

4. **T / <u>F</u>**   Teach all of the same skills to children and adults.

5. **T / <u>F</u>**   It is best to use "play money" when teaching an individual how to make a purchase.

6. **<u>T</u> / F**   A natural outcome of learning how to make a pizza is eating it after you bake it.

7. **<u>T</u> / F**   The individual and people who know the individual best should help develop a teaching plan.

8. **T / <u>F</u>**   When following a teaching plan to teach an individual a new skill, you should teach the steps in the task analysis in whatever order the individual wants.

9. **<u>T</u> / F**   You can help an individual maintain a new skill that he or she has learned by providing opportunities for the individual to use the new skill. For example, an individual has learned to use a napkin. You help the individual maintain the new skill by making sure he or she has a napkin to use at every meal.

10. **<u>T</u> / F**   The teaching plan should include opportunities for the person to practice the new skill in a natural setting.

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1. **T** / **F**   Loss of familiar routines, loss of an important relationship or moving to a new living environment can all cause stress in an individual's life.

2. **T** / **F**   The stages of life include infancy, childhood, teenage years, adulthood and old age.

3. **T** / **F**   Grief is a natural part of learning to deal with a loss.

4. **T** / **F**   Everyone grieves in the same way.

5. **T** / **F**   Never shake a baby.

6. **T** / **F**   It's okay to leave an infant alone.

7. **T** / **F**   If over time Anton stops keeping his living area clean, it may mean he is losing his eyesight.

8. **T** / **F**   Decreasing caffeine consumption and increasing exercise may help a person sleep better.

9. **T** / **F**   Physical exercise should only be part of a daily routine for children.

10. **T** / **F**   Dancing to music on the radio, planting a vegetable garden and climbing up and down stairs are all examples of exercise.

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